



KHC Office Hours for Compass HQIC

July 28, 2021

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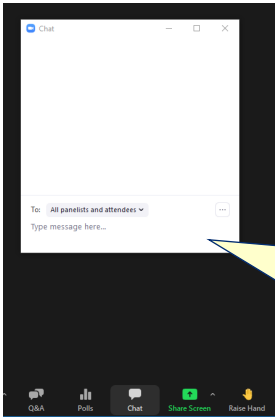
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Zoom Webinar Features

+Chat



Please select **All panelists and attendees** in the dropdown list when participating in the chat. Select:

- All panelists
- ✓ All panelists and attendees

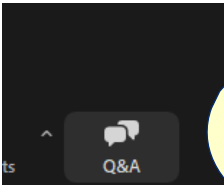
Type your chat message here. Press the Enter or Return key to submit your message.

There's also a "raise hand" function.

Hover your mouse at the bottom of the screen to locate and click on **Chat** to open.

+Questions

Use Q&A to pose any questions to the presenters.




Only the presenters can see your questions. If appropriate, the response may be shared to all.

Hover your mouse at the bottom of your screen to locate Q&A.

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Presenters



Michele Clark
KHC Senior Director of Quality
Initiatives & Special Projects



Eric Cook-Wiens
Data & Measurement Director



Heidi Courson
Quality Improvement Advisor

Special guest:
Rhonda Spellmeier

HIE Workflow Specialist
KHIN/KONZA



Malea Hartvickson
Program Director



Erin McGuire
Quality Improvement Advisor



Patty Thomsen
Quality Improvement Advisor



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Agenda

- + Welcome and Announcements
- + Compass Updates and Hospital Priorities
- + KHIN HQ Insights and Acute Alerts Implementation
- + Data and Measures Update
- + Upcoming Events and Resources
- + iCompass Forum and iCompass Academy
- + Next Steps
- + Q&A



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HEN to HIIN to HQIC



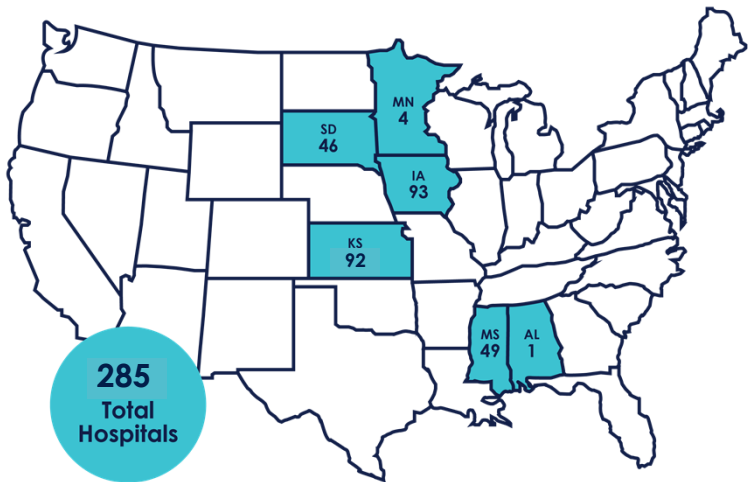
What is HQIC?

- The Hospital Quality Improvement Contractor (HQIC) program
- Project base period is four years (Sept 2020 – Sept 2024)



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Compass Updates and Hospital Priorities



Compass HQIC is a network of 285 eligible hospitals brought together in support of CMS quality and patient safety initiative for patients served by rural and critical access hospitals. (Enrollment closed in March 2021.)



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Improving Outcomes to Achieve 5 Broad Aims

|  Patient & Family Engagement, Rural Health, Health Equity, Vulnerable Populations, Pandemic Response | Programs ▶ 5 CMS Aims | 12 th Scope of Work | | |
|--|--|---|-------------------------------------|--|
| | | HQIN QIN-QIO Clinicians, Hospitals, Community | Compass HQIC Hospitals | KDHE Clinicians and Hospitals |
| |  Behavioral Health & Opioids | ✓ | ✓ | ✓ |
| |  Patient Safety | ✓ | ✓ | ✓ |
| |  Chronic Disease Self-Management | ✓ | | ✓ |
| |  Care Transitions | ✓ | ✓ | ✓ |
| |  Nursing Home Quality | ✓ | | |

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HQIC Program Goals

- +Increase **patient safety** with a focus on reduction of harm
- +Increase the quality of **care transitions** with a focus on high utilizers
- +Improve behavioral health outcomes with a focus on decreased **opioid misuse**

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HQIC Focus Areas

Strategic HQIC Priorities

- + Behavioral Health / Opioids
- + Care Transitions/Readmissions
- + Community Collaboration/Integration
- + Health Equity
- + Pandemic Response
- + Patient Safety*
- + Telehealth

*Patient Safety

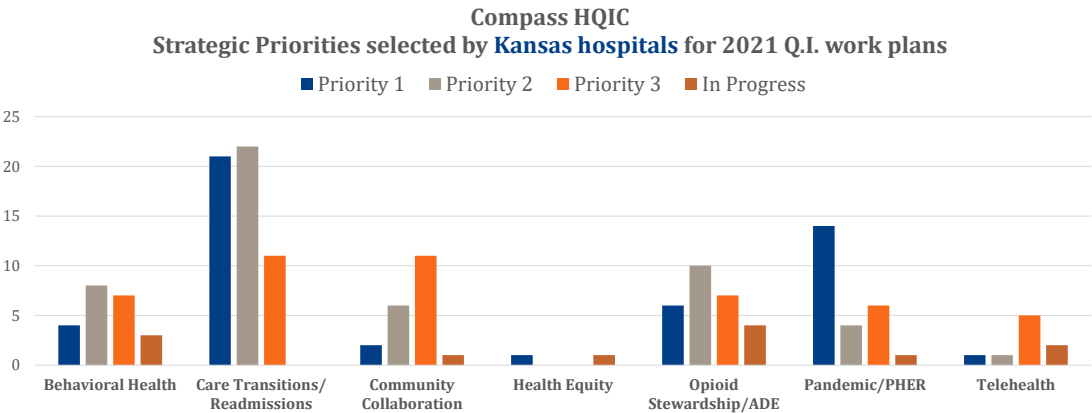
- Adverse drug events
- Antimicrobial stewardship
- CAUTI
- CLABSI
- *Clostridioides difficile*
- Falls
- Pressure ulcers
- Sepsis and septic shock
- Surgical Site Infection
- Venous Thromboembolism (VTE)

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Kansas Hospital Priorities

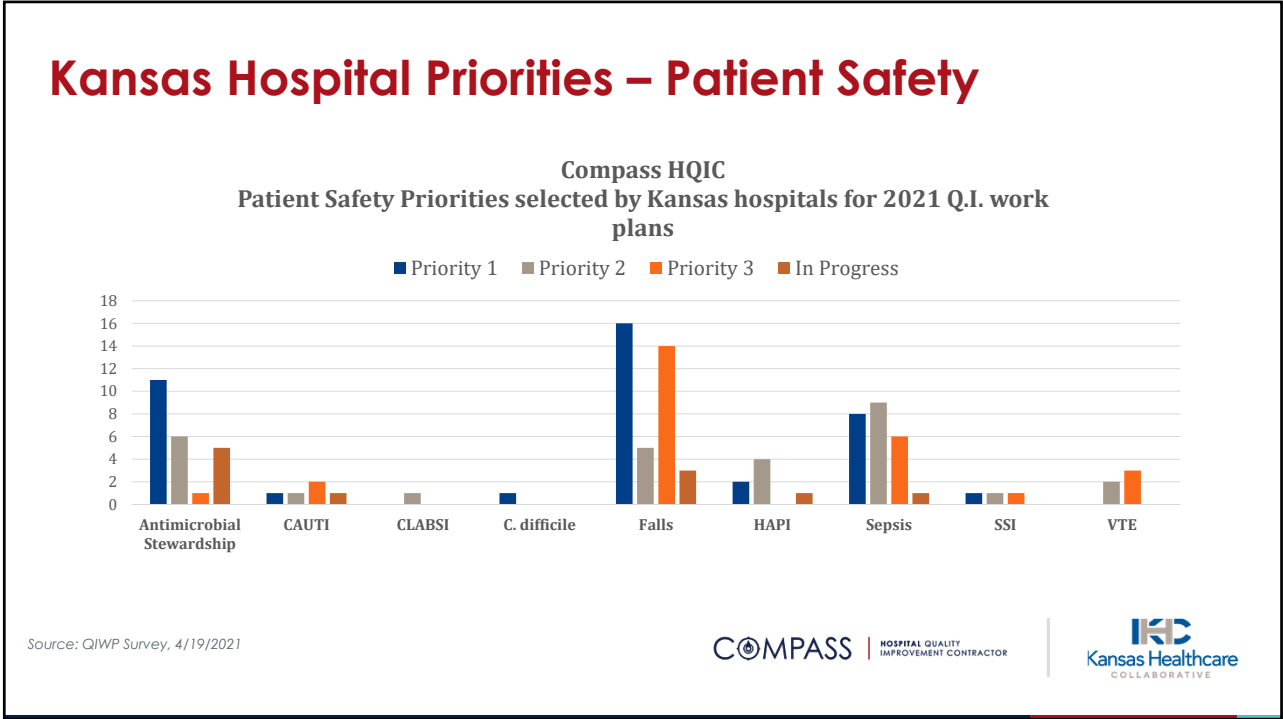


Source: QIWP Survey, 4/19/2021

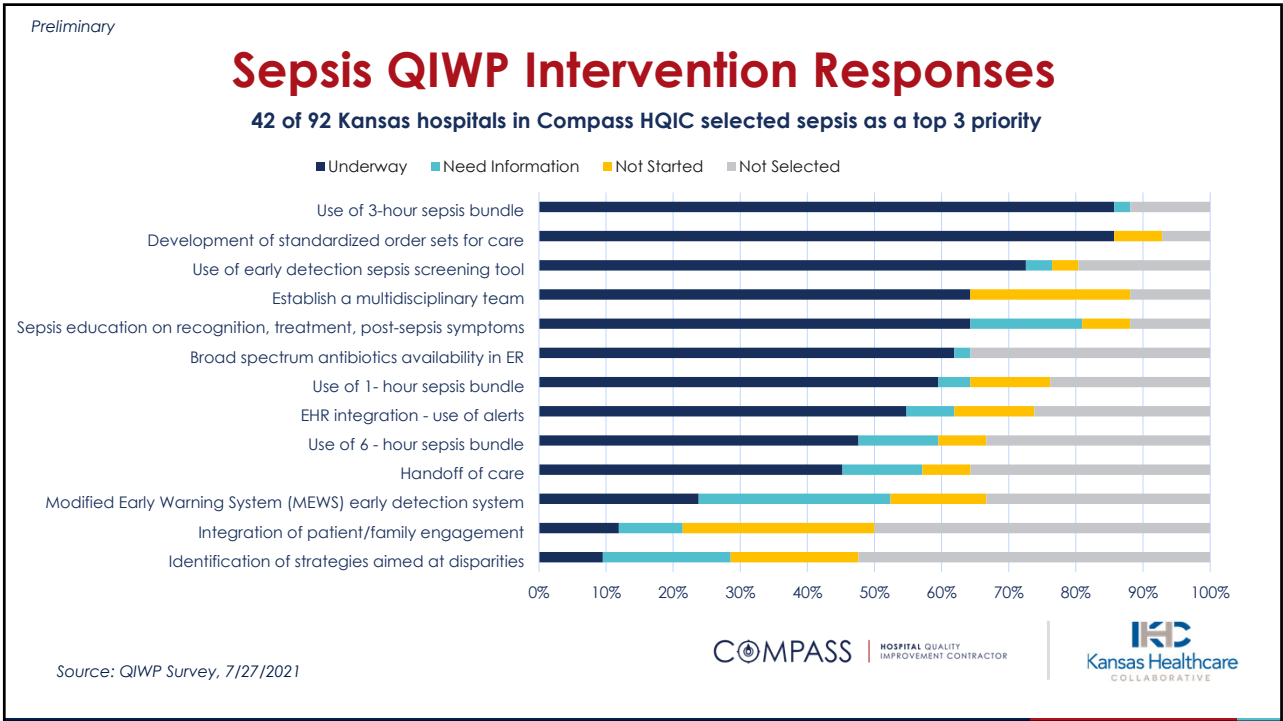
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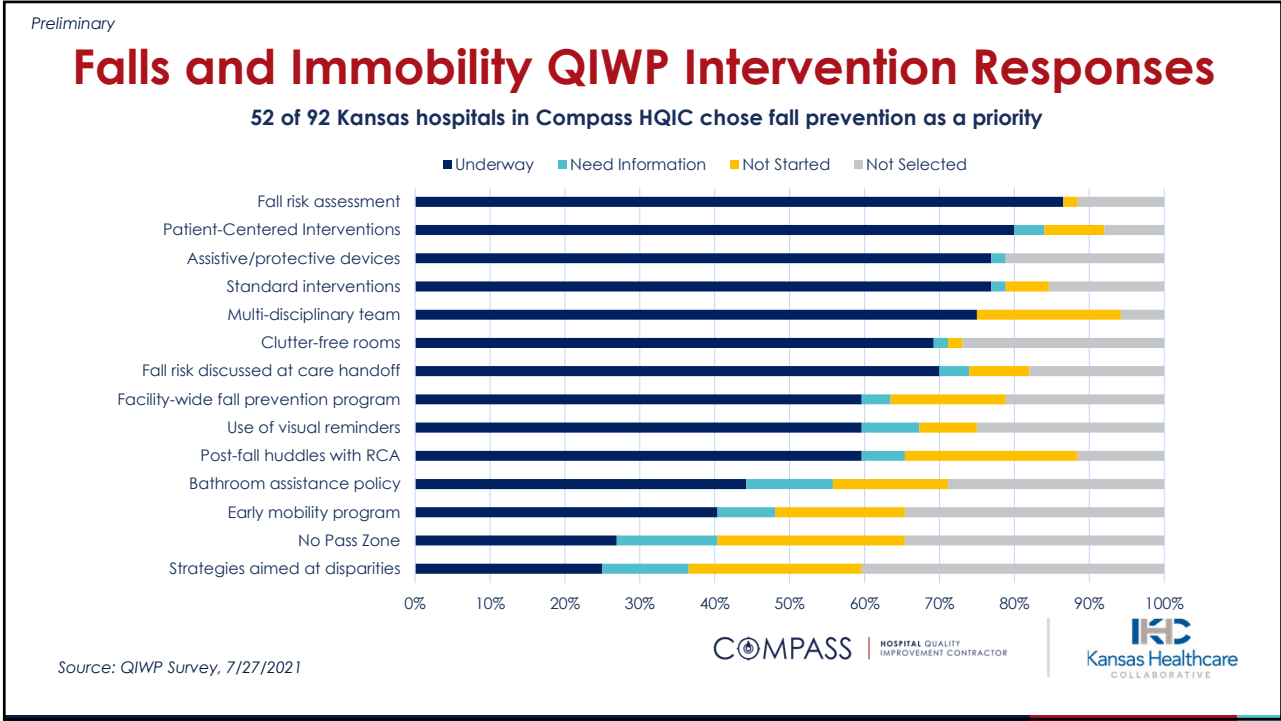
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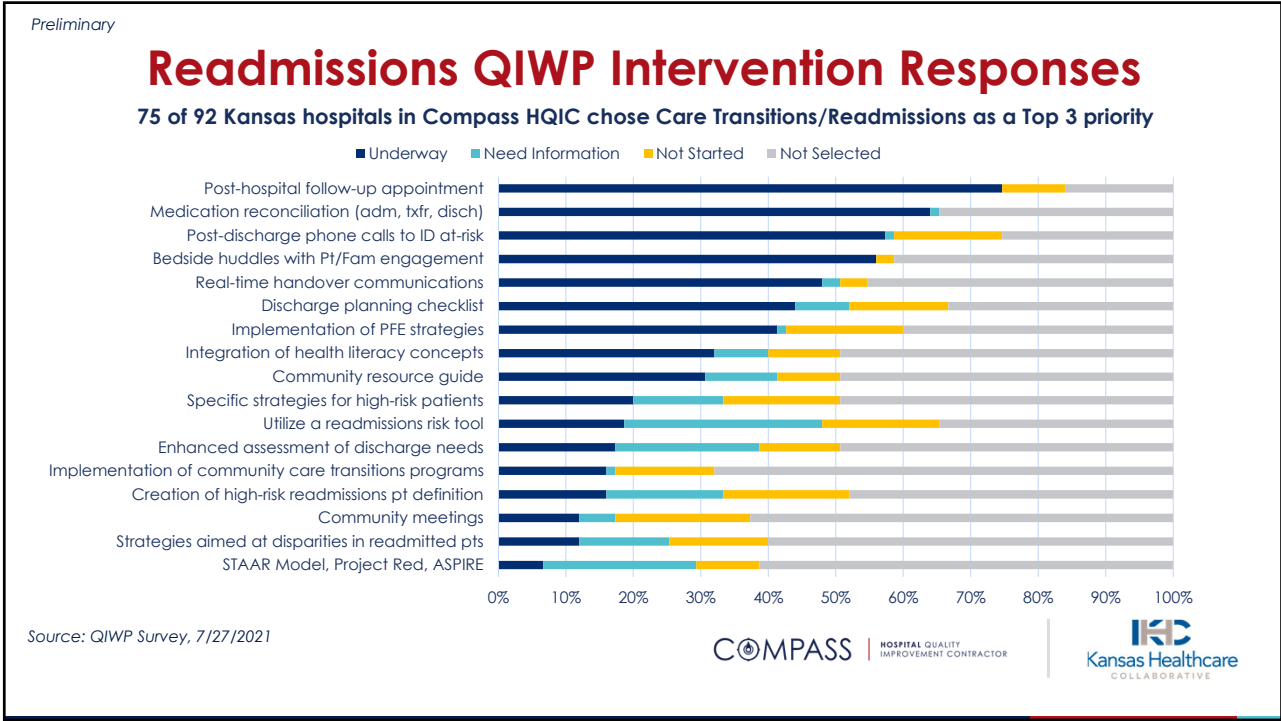
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Readmission Risk Assessment

LACE

LACE Index Scoring Tool for Risk Assessment of Hospital Readmission

Step 1: Length of Stay
Length of stay (including day of admission and discharge) _____ days

| Length of stay (days) | Score (circle as appropriate) |
|-----------------------|-------------------------------|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4-6 | 4 |
| 7-13 | 5 |
| 14 or more | 6 |

Step 2: Acuity of Admission
Was the patient admitted to hospital via the emergency department?
If yes, enter "1" in Box A, otherwise enter "0" in Box A.

Step 3: Comorbidities
Condition (definitions and notes on severity) | Score (circle as appropriate)

| | |
|--|----|
| Previous myocardial infarction | +1 |
| Cardiovascular disease | +1 |
| Peripartum cardiac disease | +1 |
| Diabetes without complications | +1 |
| Congestive heart failure | +2 |
| Diabetes with end organ damage | +2 |
| Chronic pulmonary disease | +2 |
| End liver or renal disease | +2 |
| Any tumor (including lymphoma or leukemia) | +2 |
| Dementia | +3 |
| Connective tissue disease | +3 |
| AIDS | +4 |
| Moderate or severe liver or renal disease | +4 |
| Malignant solid tumor | +6 |

Step 4: Emergency department visits
How many times has the patient visited an emergency department in the six months prior to admission (not including the emergency department visit immediately preceding the current admission)?
Enter this number or 4 (whichever is smaller) in Box E.

Add numbers in Box L, Box A, Box C, Box E to generate LACE score and enter into box below.

LACE

PLACES

PLACES Tool

| Attribute | Value | Points | Prior Admit | Present Admit |
|-------------------------|---|--------|-------------|---------------|
| P rovider Access | Adequate access: has been seen within one year | 0 | | |
| | Inadequate access: has not been to provider > 1 year | 3 | | |
| L ength of Stay | Less than 1 day | 1 | | |
| | 1-2 days | 2 | | |
| | 3-5 days | 3 | | |
| | 6-10 days | 4 | | |
| | 11-15 days | 5 | | |
| | 16 or more days | 6 | | |
| A cute admission | Inpatient | 3 | | |
| | Outpatient | 0 | | |
| C omorbidity | No prior history | 0 | | |
| | DM no complications, Cardiovascular disease, HTA of MI, PVD, PAD | 1 | | |
| | Mild liver disease, Mild renal and organ damage, CHF, COPD, Cancer, Leukemia, lymphoma, any tumor, cancer, moderate to severe renal disease | 2 | | |
| | Dementia or connective tissue disorder or poor cognition | 3 | | |
| | Moderate to severe liver disease or HIV infection | 4 | | |
| | Malignant cancer | 6 | | |
| E mergency | 0 visits | 0 | | |
| | 1 visit | 1 | | |
| | 2 visits | 2 | | |
| | 3 visits | 3 | | |
| | 4 or more visits | 4 | | |
| S upport | Psychosocial support - yes, has in home support | 0 | | |
| | Psychosocial support - no, lives alone | 3 | | |
| | Current Visit a Readmission | 13 | | |
| | Take the sum of the points and enter the total | | 25 | 25 |
| | Total Possible points 25 | | | |
| | Low risk for Readmission (0-6) | 40% | | |
| | Moderate risk for Readmission (7-12) | 41.60% | | |
| | High risk for Readmission (13-19) | 61.10% | | |
| | Prior to discharge, schedule a follow-up phone call within 48 hours and schedule a physician office visit within 5 days. | | | |
| | Prior to discharge, schedule a face-to-face follow-up visit (home care visit, care coordination visit, or physician office visit) to occur within 24-48 hours after discharge, follow-up phone call 24-48 hrs, considered for telehealth. | | | |

BOOST

| Risk Assessment: 8P Screening Tool (check all that apply) | Risk Specific Intervention | Signature of individual responsible for insuring intervention administered |
|--|---|--|
| Problem medications (anticoagulants, insulin, aspirin & clopidogrel dual therapy, digoxin, narcotic) | <input type="checkbox"/> Medication specific education using Teach Back provided to patient and caregiver <input type="checkbox"/> Monitoring plan developed and communicated to patient and healthcare providers, where relevant (e.g. warfarin, digoxin and insulin) <input type="checkbox"/> Specific strategies for managing adverse drug events reviewed with patient/caregiver <input type="checkbox"/> Follow-up phone call at 72 hours to assess adherence and complications | |
| Psychological (depression screen positive or > 10 depression diagnosis) | <input type="checkbox"/> Assessment of need for psychiatric services if not in place <input type="checkbox"/> Communication with healthcare providers, highlighting this issue if new <input type="checkbox"/> Involvement/awareness of support network insured | |
| Principal diagnosis (acute MI, DM, COPD, heart failure) | <input type="checkbox"/> Review of national discharge guidelines, where available <input type="checkbox"/> Disease specific education using Teach Back with patient/caregiver <input type="checkbox"/> Action plan reviewed with patient/caregivers regarding what to do and who to contact in the event of worsening or new symptoms <input type="checkbox"/> Discuss goals of care and chronic illness model discussed with patient/caregiver | |
| Polymorbidity (≥ 3 non-acute conditions) | <input type="checkbox"/> Elimination of unnecessary medications <input type="checkbox"/> Simplification of medication scheduling to improve adherence <input type="checkbox"/> Follow-up phone call at 72 hours to assess adherence and complications | |
| Poor health literacy (ability to do Teach Back) | <input type="checkbox"/> Committed caregiver involved in planning administration of all general and risk specific interventions <input type="checkbox"/> Healthcare plan education using Teach Back provided to patient and caregiver <input type="checkbox"/> Link to community resources for additional patient/caregiver support <input type="checkbox"/> Follow-up phone call at 72 hours to assess adherence and complications | |
| Patient support (absence of caregiver to assist with discharge and home care) | <input type="checkbox"/> Follow-up phone call at 72 hours to assess condition, adherence and complications <input type="checkbox"/> Follow-up appointment with healthcare medical provider within 7 days <input type="checkbox"/> Involvement of home care provider of services with clear communications of discharge plan to these providers | |
| Prior hospitalization (non-elective, in last 6 months) | <input type="checkbox"/> Review reasons for re-hospitalization in context of prior hospitalization <input type="checkbox"/> Follow-up phone call at 72 hours to assess condition, adherence and complications <input type="checkbox"/> Follow-up appointment with healthcare medical provider within 7 days | |
| Palliative care (Would you be surprised if this patient died in the next year? Does this patient have an advanced or progressive serious illness? Yes or no) | <input type="checkbox"/> Assess need for palliative care services <input type="checkbox"/> Identify goals of care and therapeutic options <input type="checkbox"/> Communicate prognosis with patient/family/caregiver <input type="checkbox"/> Assess and address bereavement symptoms <input type="checkbox"/> Identify services or benefits available to patients based on advanced disease status (if any) Yes or no <input type="checkbox"/> Discuss with patient/family/caregiver role of palliative care services and benefits and services available | |

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Polling Question

Which Readmissions Risk Assessment tool is your hospital currently using? (select all that apply)

☐ LACE

☐ PLACES

☐ BOOST

☐ Other (type in chat)

☐ None

Please type in the chat other tool(s) used, eg, Johns Hopkins or using one embedded in the electronic health record.

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Milestones – Progress to Date

1. Compass HQIC Enrollment Complete ✓
2. Readiness Assessment (CHRA) Complete ✓
3. Work Plan (QIWP) Complete ✓
4. Health Equity Assessment (HEOA) Complete ✓

| COMPASS HOSPITAL QUALITY IMPROVEMENT CONTRACTOR Kansas Healthcare COLLABORATIVE | | |
|--|---|-------------------|
| KHC Compass HQIC Milestones | | |
| The Compass Network and participating hospitals find Milestones are helpful as we work toward achieving national and local goals in patient safety and health care quality. In Kansas, KHC milestones will help pace our advancement toward Compass HQIC patient-centered goals by Summer 2024. Compass HQIC program goals include: | | |
| <ul style="list-style-type: none"> ➤ Increase patient safety with a focus on reduction of harm. ➤ Increase the quality of care transitions with a focus on high utilizers to improve overall utilization, and ➤ Improve behavioral health outcomes with a focus on decreased opioid misuse. | | |
| Milestone # | Activity | By When? |
| ✓ Milestone 1 | Compass HQIC Enrollment Complete | March 17, 2021 |
| ✓ Milestone 2 | Compass Hospital Readiness Assessment (CHRA) Complete | April 17, 2021 |
| ✓ Milestone 3 | 2021 Quality Improvement Work Plan (QIWP) Complete | May 1, 2021 |
| ✓ Milestone 4 | 2021 Health Equity Organizational Assessment (HEOA) Complete | June 1, 2021 |
| □ Milestone 5 | Monthly data reporting is current for 200% of "required" measures through May 2021 (QIN and NQIN) | August 1, 2021 |
| □ Milestone 6 | Update implementation status for the 5 PFE metrics | September 1, 2021 |
| □ Milestone 7 | Participate in coaching call or site visit to review and update Compass QI Work Plan (QI2021) | October 1, 2021 |
| □ Milestone 8 | Update implementation status for 7 Core Elements of an Ambulatory Stewardship Program | December 1, 2021 |
| □ Milestone 9 | Demonstrate participation in iCompass Academy and iCompass Forum between July 1 and Dec. 31. | January 1, 2022 |
| □ Milestone 10 | Monthly data reporting is current through Dec. 2021. | February 1, 2022 |
| □ Milestone 11 | Achievement of Month 18 HQIC reduction goals* <ul style="list-style-type: none"> - Reduce readmissions by 25% - Reduce all-cause harm by 25% - Reduce non-opioid-related Adverse Drug Events (ADEs) 24% - Decrease opioid-related ADEs by 25.5% <small>*Calculations will be completed by Compass HQIC.</small> | March 1, 2022 |
| <small>Questions? Contact your KHC Compass HQIC Quality Improvement Advisor.</small> <small>Michelle Clark mclark@khconline.org 785-231-1321</small> <small>Heidi Courson hccourson@khconline.org 785-231-1334</small> <small>Erin McGuire emcguire@khconline.org 785-231-1333</small> | | |

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Milestones – Now Underway

5. Monthly Data Reporting is Current (by Aug. 1)
6. Patient and Family Engagement Metrics Reviewed and Updated (by July 30)
7. Coaching Call / Site Visit with your Compass QIA by Oct. 1.
9. Demonstrate participation in iCompass Academy and iCompass Forum between July 1 and Dec. 31.

| COMPASS HOSPITAL QUALITY IMPROVEMENT CONTRACTOR Kansas Healthcare COLLABORATIVE | | |
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| ✓ Milestone 3 | 2021 Quality Improvement Work Plan (QIWP) Complete | May 1, 2021 |
| ✓ Milestone 4 | 2021 Health Equity Organizational Assessment (HEOA) Complete | June 1, 2021 |
| □ Milestone 5 | Monthly data reporting is current for 200% of "required" measures through May 2021 (QIN and NQIN) | August 1, 2021 |
| □ Milestone 6 | Update implementation status for the 5 PFE metrics | September 1, 2021 |
| □ Milestone 7 | Participate in coaching call or site visit to review and update Compass QI Work Plan (QI2021) | October 1, 2021 |
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| □ Milestone 9 | Demonstrate participation in iCompass Academy and iCompass Forum between July 1 and Dec. 31. | January 1, 2022 |
| □ Milestone 10 | Monthly data reporting is current through Dec. 2021. | February 1, 2022 |
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Milestones – Next Up

8. Mid-year check-in: 7 Core Elements of Abx Stewardship Program (Nov.)
9. Demonstrate participation in iCompass Academy and iCompass Forum between (thru Dec.)
10. Monthly Data Reporting is Current (Jan.)
11. Achievement of Month 18 HQIC reduction goals (Feb. 2022)

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|--|--|---|
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| ✓ Milestone 3 | 2021 Quality Improvement Work Plan (QIWP) Complete | May 1, 2021 |
| ✓ Milestone 4 | 2021 Health Equity Organizational Assessment (HEOA) Complete | June 1, 2021 |
| □ Milestone 5 | Monthly data reporting is current for 30% of "required" measures through May 2021 (QIR and HQIR) | August 1, 2021 |
| □ Milestone 6 | Update implementation status for the 5 PFE metrics | September 1, 2021 |
| □ Milestone 7 | Participate in coaching call or site visit to review and update Compass QI Work Plan (HQ2021). | October 1, 2021 |
| □ Milestone 8 | Update implementation status for 7 Core Elements of an Antibiotic Stewardship Program | December 1, 2021 |
| □ Milestone 9 | Demonstrate participation in iCompass Academy and iCompass Forum between July 1 and Dec. 31. | January 1, 2022 |
| □ Milestone 10 | Monthly data reporting is current through Dec. 2021. | February 1, 2022 |
| □ Milestone 11 | Achievement of Month 18 HQIC reduction goals* <ul style="list-style-type: none"> - Before implementation by 24% - Before all-cause harm by 25% - Before non-opioid-related adverse Drug Events (ADEs) by 24% - Decrease opioid-related ADEs by 25% *Calculations will be completed by Compass HQIC. | March 1, 2022 |
| Questions? Contact your KHC Compass HQIC Quality Improvement Advisor. | | |
| Michele Clark mclark@khconline.org 785-231-1321 | Heidi Courson hcourson@khconline.org 785-231-1334 | Erica McGuire emcguire@khconline.org 785-231-1333 |

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- Current Status: 76 Compass hospitals signed up/52 dashboards live
- Deep Dive Trainings for Live Sites
 - Coordinating with QIAs and coaching calls
 - Can schedule deep dive trainings per request as well
 - Working on HQIC Dashboard Tool Reference Guide
- Acute Alerting
 - Patient Opt-Out
 - Resources
 - [Interoperability and Patient Access Final Rule FAQ Document MASTER OGC OCR CMCS CPI \(cms.gov\)](#)
 - [FAQs | CMS](#)
 - [Kansas Health Information Technology - Home \(kanhit.org\)](#)
 - [KHIN - AcuteAlerts \(khinonline.org\)](#)

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Introduction to KHIN Analytic Dashboard

By utilizing the analytics dashboard, practices and hospitals will have a better grasp on the full patient history, helping them to thrive in payer incentive programs while improving patient outcomes.



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Compass Measures and Data Update



Link to Toolkit:
https://mcusercontent.com/267d3f6a0ee71c01eb1a0a387/files/18bf1a1d-9b09-4ec8-870a-94aa519e8c4a/Compass_HQIC_Toolkit_V1.0_FINAL.02.pdf

| Requirement Type | | Key | Measure Type | | Key | Data Source | | Key |
|---|--|-----|--------------|--|-----|-----------------------|--|-----|
| Required, self-reported | | R1 | Outcome | | O | Self-Reported | | S |
| Required, comes from other data sources | | R0 | Process | | P | Administrative Claims | | HC |
| Optional, self-reported | | O1 | | | | HDSN | | HSN |

| Focus Area | Measure Name | Measure Type | Numerator Description | Denominator Description | Data Source for R1 |
|--|---|--------------|---|---|--------------------|
| Adverse Drug Events Reported on ACE Overall | Adverse Drug Event Rate | O | Number of Acute Care, SNF, Swing Bed and Observation adverse drug events that reach the patient (HIC MSP Score categories D-I) | Number of Acute Care, SNF, Swing Bed and Observation patient days | S |
| | Opioid mortality | O | Number of opioid-related deaths (include opioid toxicity as a primary or secondary diagnosis) | Number of discharges for Acute Care patients, > 18 yrs | HC |
| | Opioid-related Adverse Drug Event Rate | O | Number of patients with non-PCA secondary (opioid code(s)) for opioid-related adverse drug event | Number of discharges for Acute Care patients, > 18 yrs | HC |
| O1 | SNF Release Administration - Emergency Department | O | Number of doses of a reversal agent (e.g., Naloxone) administered to a patient in the Emergency Department | Number of Emergency Department visits | S |
| O1 | SNF Release Administration - Inpatient | O | Number of doses of a reversal agent (e.g., Naloxone) administered to Acute Care, SNF, Swing Bed and Observation patients | Number of Acute Care, SNF, Swing Bed and Observation patients prescribed opioid | S |
| O1 | High-dose opioid prescribing upon discharge | P | Number of patients discharged with an opioid prescription with > 90 MME daily | Number of Acute Care, SNF, Swing Bed and Observation patients discharged with an opioid prescription | S |
| Glycemic Management | Blood Glucose Less than 180 | O | Number of blood glucose measurements (per lab report, FBS, Risk, Charge Data, etc.) for Acute Care, SNF, Swing Bed and Observation patients where blood glucose < 180 | Number of blood glucose measurements (per lab report, FBS, Risk, Charge Data, etc.) for Acute Care, SNF, Swing Bed and Observation patients | S |
| | Anticoagulation safety | O | Number of INR measurements for Acute Care, SNF, Swing Bed and Observation patients on warfarin where documented INR > 5 | Number of INR measurements for Acute Care, SNF, Swing Bed and Observation patients on warfarin | S |

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[Compass HQIC Measures V1.2 | 1]

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KHC Compass HQIC Measure Sets in QHi

Blended approach to data reporting:

- Self Reported
- NHSN (CAUTI, CLABSI, C. DIF, SSI, MRSA, etc.)
- Administrative Data – AHRQ measures
 - Patient level data submitted to KHA/HIDI monthly
 - Measures pulled from the data by KHC and imported into QHi on your behalf

2 Measure Sets in QHi:

- + KHC Compass HQIC Measure Set (Self-Reported)
- + KHC Compass HQIC Measure Set – Other sources (NHSN/Administrative Data)

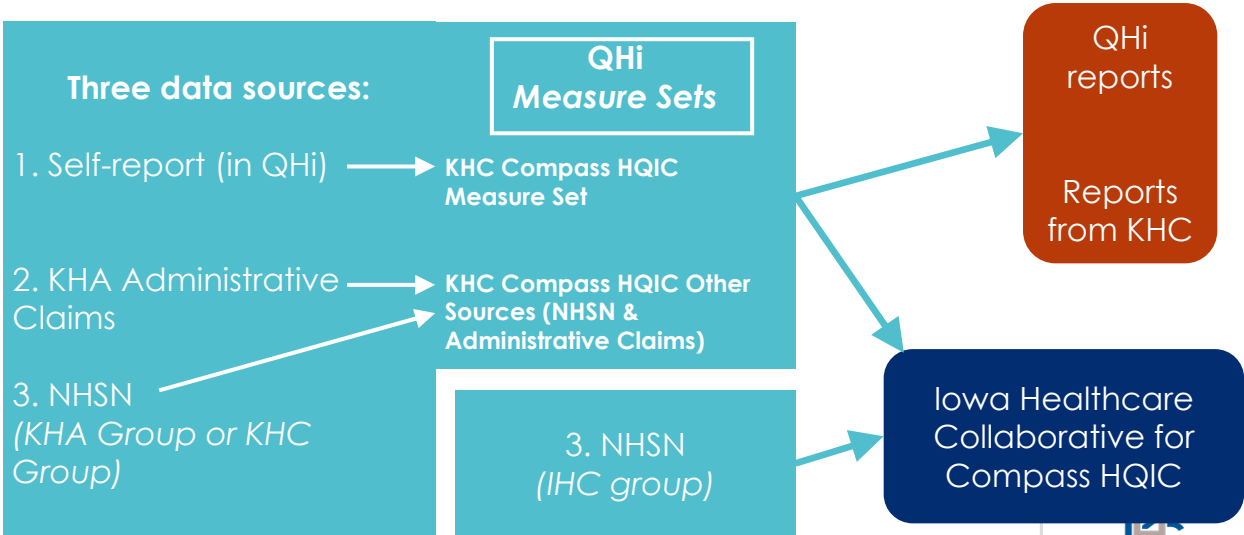
Add a footer

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Compass data flow for Kansas Hospitals



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HIIN vs Compass measures

- + Many measures are the same as in HEN/HIIN, but not all.
- + Review with your QIA to ensure you're tracking the correct Compass measures.
- + Review the measure definitions and ask questions whenever needed.

Example:

Compass version for ADE hypoglycemic management (*counts lab measurements*)

| Glycemic Management | | | |
|---------------------|----------------------------|---|---|
| RS | Blood Glucose Less Than 50 | Number of blood glucose measurements (per lab reports, FSBG, EMR, Charge Data, etc.) for Acute Care, SNF, Swing Bed and Observation patients where blood glucose < 50 | Number of blood glucose measurements (per lab reports, FSBG, EMR, Charge Data, etc.) for Acute Care, Skilled Nursing Care, Swing Bed and Observation patients |

(former) HIIN version for ADE hypoglycemic management (*counts patients*)

Adverse Drug Events: Glycemic Management

| ADE: CMS HIIN Evaluation Measure | | Outcome Measure |
|--|---|-----------------|
| Adverse Drug Events: Glycemic Management | | |
| Measure type | Outcome | |
| Numerator | Hypoglycemia in inpatients receiving insulin or other hypoglycemic agents | |
| Numerator Definition | Hypoglycemia defined as plasma glucose concentration of 50 mg per dl or less. | |
| Denominator | Inpatients receiving insulin or other hypoglycemic agents | |
| Denominator Definition | Number of inpatients receiving insulin or other hypoglycemic agents | |

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Calendar for Data

Baseline:

- + 2019 calendar year (KHC has this data for measures reported during HIIN)
- + If a new measure, will use first 3 months of monitoring data*

Monthly NHSN and self-reporting:

- + Monthly monitoring data for HQIC began September 2020
- + Data are due by end of following month

Claims-based measures will be pulled monthly.

All data (NHSN, claims, self-reported) will be accessible in QHi following monthly uploads.

*Proposed baseline approach for new measures is pending CMS review.

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Data Reports

Data Completeness Reports

Easily identify months reported/missing, as well as to review num/den for correctness.

Data Submission Report
Sample Hospital
Data submission status as of July 09, 2021

Please review the table below to ensure data are correct and complete. Questions? Contact your KHC Quality Improvement Advisor for assistance.

Self-Reported in QHi (REQUIRED measures)

| Area | Measure | May-21 | Apr-21 | Mar-21 | Feb-21 | Jan-21 | Dec-20 | Nov-20 |
|--------------|---|--------|--------|--------|--------|--------|---------|---------|
| ADE | Adverse Drug Event Rate* | 0/50 | 0/79 | 0/65 | 0/80 | | | |
| ADE | Blood Glucose Less Than 50* | | 0/102 | 0/119 | 0/150 | 0/118 | | |
| ADE | INRs Greater Than 5* | | 0/25 | 0/30 | 0/46 | 1/33 | | |
| C. diff | Hand Hygiene Compliance | 61/62 | 74/77 | 52/52 | 25/25 | 57/60 | 102/108 | 102/103 |
| Falls | Falls with Injury | 1/101 | 0/125 | 0/115 | 1/120 | 1/98 | 1/109 | 0/112 |
| HAPI | Risk Assessment within 24 hours* | 20/20 | 15/15 | 19/19 | 20/20 | | | |
| Readmissions | Unplanned, All-Cause, 30-Day Readmission to Same Hospital - SELF-REPORTED | 0/8 | 0/6 | 0/10 | 0/10 | 1/12 | 0/8 | 0/9 |
| Readmissions | Post-Hospital Follow-Up Appointment* | 8/8 | 5/6 | | 1/10 | | | |
| Sepsis | Severe Sepsis and Septic Shock 3-Hour Management Bundle Compliance (NQF 0500) | 1/1 | 1/3 | 0/1 | 0/0 | 0/0 | 0/0 | 0/0 |

*New measure: Begin monthly reporting to QHi January 2021 or September 2020

Additional information and resources, refer to the [Compass HQIC Metrics + Measurement Toolkit](#).

Coming Soon!

- + Compass Data Analytic Reports and Dashboard

Next data pull will occur
August 5.

Please ensure all data are entered in QHi and NHSN, esp. for "required" measures.

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QHi Review Session



Wednesday, August 18, 2021

1:30 – 2:30 CT

Register here: <https://cc.readytalk.com/r/wd8ay1t38xb2&eom>

We will cover how to:


- Add New Users
- Select Measures
- Enter and Import Data
- Run Reports

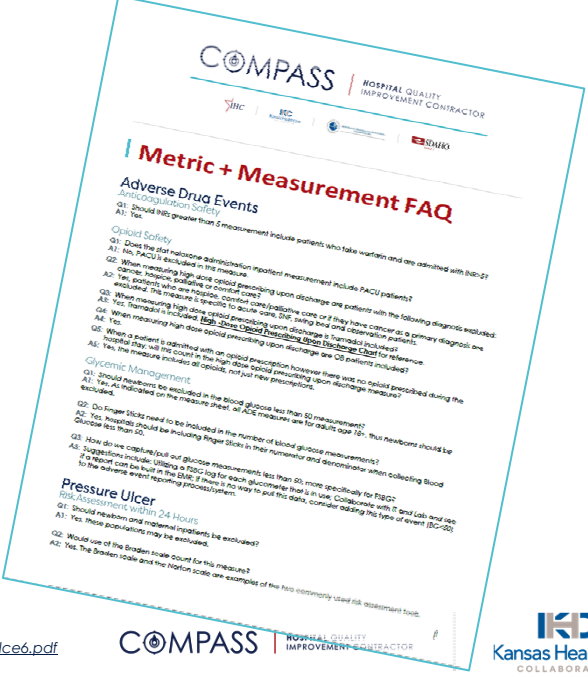


HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION



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Q&A Time






See handout package for copy of Compass FAQ or click here:
<https://www.khconline.org/ForumUploads/9b05d17d-ae3-47ed-9ecf-8fd05772dce6.pdf>




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Compass Navigator Spotlights Kansas Hospital



Watch your inbox for the August edition of the Compass Navigator

This month Compass features Southwest Medical Center Liberal, KS.

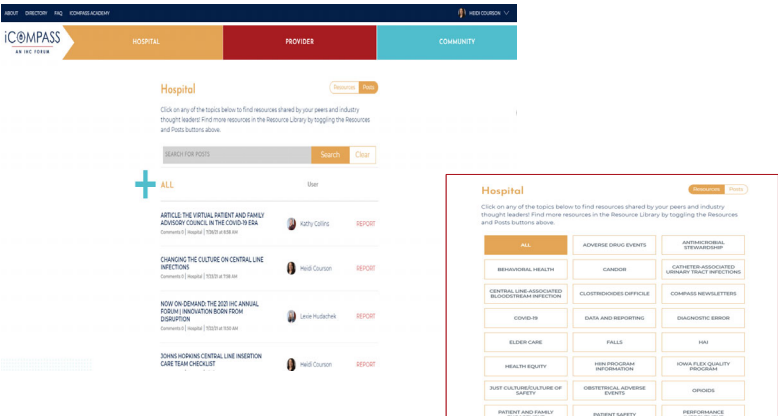




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Connect with iCompass Forum

<https://www.ihconline.org/icompass>



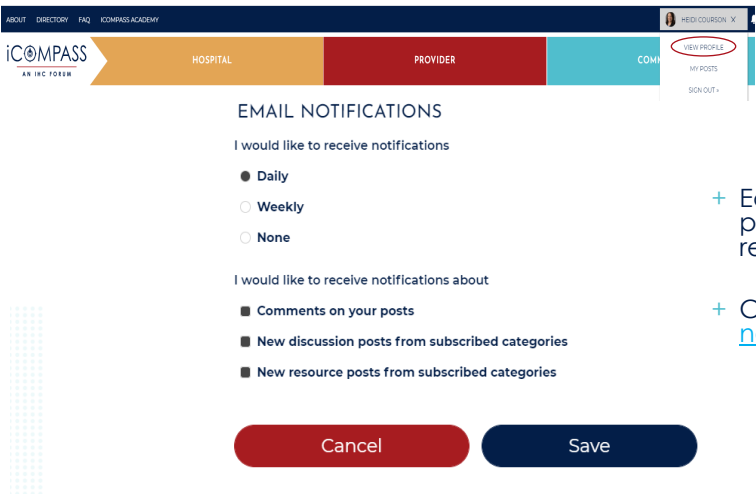
- + Everyone listed in your hospital's Compass Hospital Profile has been pre-enrolled.
- + Upon your first visit, click on **"Forgot Password"** link to reset your individual password.
- + Set up your profile
Set your preferences
Check it out!

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iCompass Digest



- + Edit your notification settings in your profile to determine how often you receive this notification.
- + Compass Digest comes from noreply@bluecompass.com

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iCompass Academy

<https://education.ihonline.org/>

Watch for upcoming education and training

Upcoming education will be featured in Compass newsletters. Share and spread the word with others in your organization.

- + Live Events
- + Recorded webinars
- + Measure Modules

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Compass HQIC NHSN Quick Takes

Coming Soon | August 2021

I.P. Alert!

New series available next week:

The Compass NHSN Quick Takes is a series of seven 5-minute videos where an infection prevention (I.P.) subject matter expert walks through various aspects of navigating the National Healthcare Safety Network (NHSN) reporting system.

Target audience: Anyone who has or needs access to NHSN.

Courses

- + Accessing NHSN
- + Reporting Plan Set-Up
- + Entering an NHSN Event
- + Run + Review Report Functions
- + MDRO Basics
- + MRSA Basics
- + Validate NHSN Data

Action items:

- Share this information with your IPs.
- Sometime next week, log into iCompass and click on Courses to access NHSN Quick Takes.

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LIVE EVENT

Improving Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Scores in the Rural Setting

Thursday, July 29, 2021 | 1:00 - 2:00 PM (CST)

Registration

https://zoom.us/webinar/register/WN_Uzi2TIL7Q0qy2N7MXyILTw



Funding for this resource was provided by the Health Resources Services Administration, Rural Hospital Flexibility Program (Caldwell of Federal Domestic Assistance (CFDA) 93.246)

HCAHPS webinar learning objectives:

- + Review the importance of the HCAHPS survey for CAHs within the context of the MBQIP program.
- + Describe suggested strategies to improve HCAHPS performance on individual metrics and identify strategies connected to improvement across HCAHPS.
- + Discuss best practices related to patient and family engagement during the COVID-19 pandemic.

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Learn how to deploy eCR to reduce reporting burden on health care staff without disrupting the clinical workflow

Electronic Case Reporting (eCR) is the automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.

eCR benefits to both providers and public health:




- Reduces burden on physicians and staff.
- Automates case reporting by using data in your electronic health record.
- Receives information from public health on reportability and additional information.
- Supports emergency responses.
- Meets Promoting Interoperability requirements.

Webinar: Electronic Case Reporting 101

Noon - 1p.m., August 4

No-cost registration at: www.khconline.org/ECR

Questions? Contact KHC Quality Improvement Advisor, Patty Thomsen at pthomsen@khconline.org



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HQIN Toolkits

- + Advance Care Planning
- + Annual Wellness Visits
- + Blue Bag
- + Cardiac Rehab
- + Chronic Care Management
- + Chronic Disease Self-Management Program
- + Circle Back
- + Chronic Kidney Disease
- + Diabetes
- + Opioids
- + Coming Soon: Transitional Care Management

Pain Zone Tool

Green Zone

ALL CLEAR (GOAL)

- Your comfort level is _____ (0 = no pain and 10 = worst pain ever had)
- You are able to do basic activities and rest comfortably
- You do not have any new pain
- If you're taking opioid pain medication your bowels are moving at least every 2 - 3 days

Doing Great!

- You are managing your pain at an acceptable level for you
- Action:**
 - Continue your medicines as ordered
 - Continue _____ (ice, heat, therapy, etc.) along with your medicines
 - Keep all health care provider visits
 - Continue regular exercise as prescribed

Yellow Zone

CAUTION (WARNING)

- Pain that is not at your comfort level with your usual treatments
- You are not able to do basic activities or rest comfortably
- New pain you have never had before
- If you are taking opioid medication your bowels have not moved in 2 - 3 days
- You are sleeping more than usual
- You feel sick at your stomach
- You cannot take your medicine

Act Today!

- Your pain control plan may need to be changed
- Action:**
 - Call your pharmacist (pharmacy phone number)
 - or call your health care provider (health care provider phone number)

Red Zone

EMERGENCY

- You cannot get any relief from your usual treatments
- You have new, severe pain
- If you are taking opioid pain medication your bowels have not moved for more than 3 days
- You are extremely dizzy
- You are throwing up
- You are confused

Act NOW!

- You or your family need to call your health care provider (911) now
- Action:**
 - Call your health care provider right away (health care provider phone number)

Reference: Gates, Debra. Performance & Review. © 2019. Health Quality Improvement Network. All rights reserved. This document is for informational purposes only and is not intended to be used as a substitute for professional medical advice. Always consult your physician for medical advice.



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MedsMatter!

Conversation Series: Annual Wellness Visits

JULY 29 @ 11:30 PM — 12:00 PM CST

Is your practice or clinic catching up with overdue Annual Wellness Visits (AWVs)? Join the Health Quality Innovation Network (HQIN) and the HOPEHealth Federally Qualified Health Center (FQHC) Team from Florence, South Carolina to learn more about how they overcame challenges and implemented a successful AWW plan. Take away tips from this short, conversation-style session as you learn how elements of their successful program could help your quality improvement efforts.

[Register Here](#)

Upcoming:

- + August (8/26)- CKD and Medication Safety
- + September - "Community of Immunity"
- + October "Help Your Patients Get Ready for a Healthy Holiday Season" (Blue Bag, Medication Safety)

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KHC Convenes

+ Session 1 Dr. Tom Evans of Iowa Healthcare Collaborative

Dr. Evans discusses how the pandemic has presented providers with a rare opportunity to accelerate change. He offers a three-legged stool approach for mindfully approaching change that will be sustainable over time.



Register at: www.khconline.org/KHCconvenes

Add a footer

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Upcoming Events

KHC Office Hours

Register once for all remaining sessions. Save recurring appointment to your e-calendar. Keep abreast of KHC program updates, learn from subject matter experts and peers.

- + August 25
- + September 22
- + October 27
- + November 24
- + December 22

KHC Office Hours registration link:

https://us06web.zoom.us/webinar/register/WN_0SEpCyqyQga-TlIGz4kvaQ

All sessions are held from 10 to 11 a.m. CT.
Sessions will be recorded and posted to KHC
Education Archive at www.khconline.org/archive.

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Next Steps

- + Schedule next coaching call (if not already set)
- + Review and update your Q.I. Work Plan
- + Review 5 patient and family engagement (PFE) metrics, update status with your QIA by ~~July 30~~ July 29 (if not already done).
- + Ensure data entry is current through May (June preferred) by August 1.
- + Watch for Compass Navigator newsletter on August 2.
- + Log into iCompass Forum and iCompass Academy to engage and learn.



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Have Questions, Need Help?

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Questions?

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