KHC Office Hours for Compass HQIC

August 25, 2021

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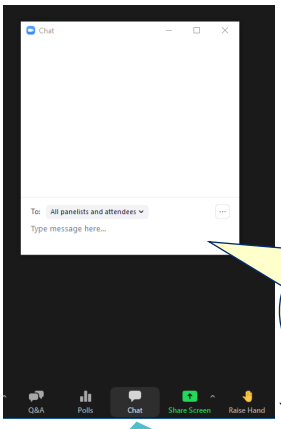
Zoom Webinar Features

+Chat



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

All panelists

✓ All panelists and attendees

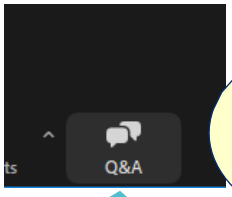
Type your chat message here. Press the Enter or Return key to submit your message.

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

Erin McGuire
Quality Improvement Advisor

Special guests:

Rhonda Spellmeier, RN
HIE Workflow Specialist
KHIN/KONZA

Mirella Buchman, BSN RN
Medical Floor Nurse Manager
Southwest Medical Center

Patty Thomsen
Quality Improvement Advisor

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Agenda

- Welcome and Announcements
- Focus on Fall Prevention
- Hospital spotlight – Southwest Medical Center's fall prevention program
- Compass Updates
- Upcoming Events and Resources
- Next Steps
- Q&A

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- Compass HQIC fall measure data review
- QIWP Fall Prevention Intervention Review
- Hospital Spotlight Story

Featured Topic: Fall Prevention

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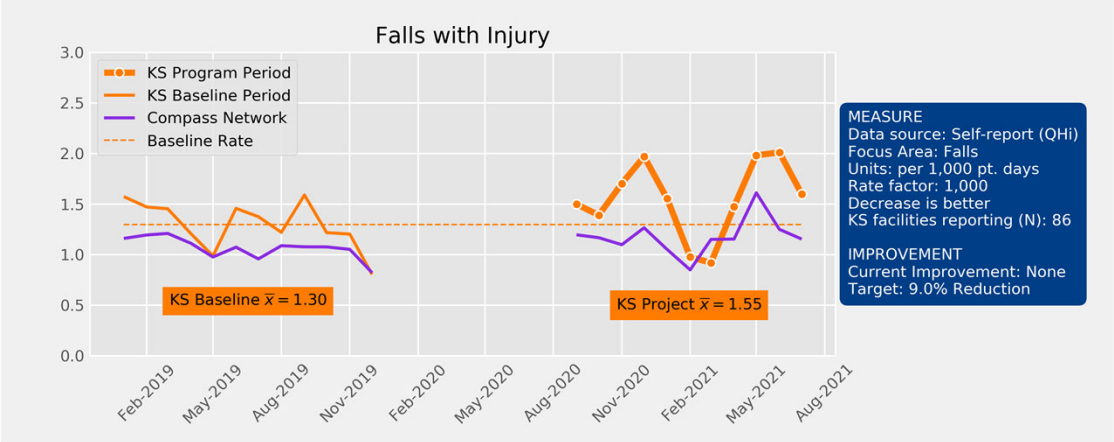
Required Measure: Falls w/ injury



Preliminary data
Recent datapoints may change significantly with more data

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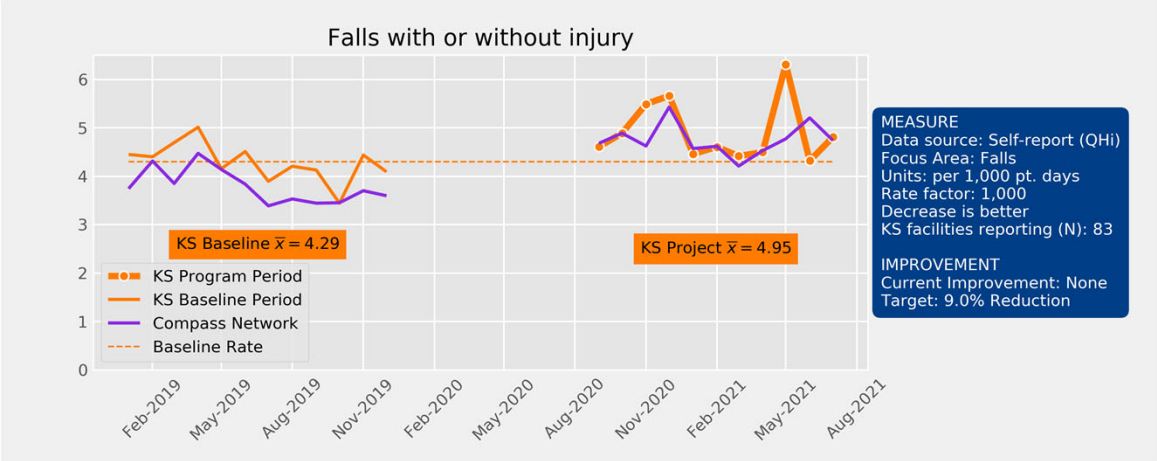
Optional Measure: Falls w/ or w/out injury



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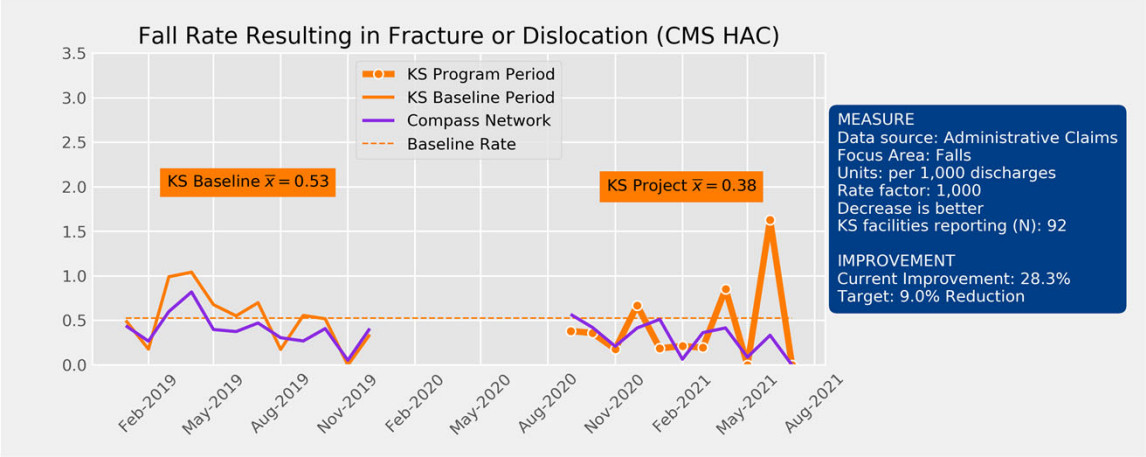
Administrative Claims: Falls resulting in fx or dx



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Recent datapoints
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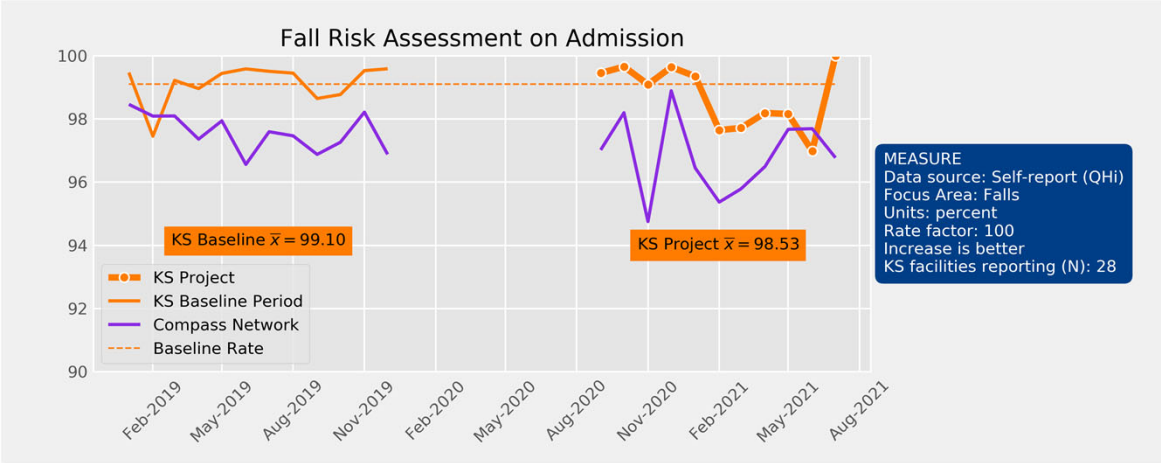
Process Measure: Fall Risk Assessment



Preliminary data
Recent datapoints may change significantly with more data

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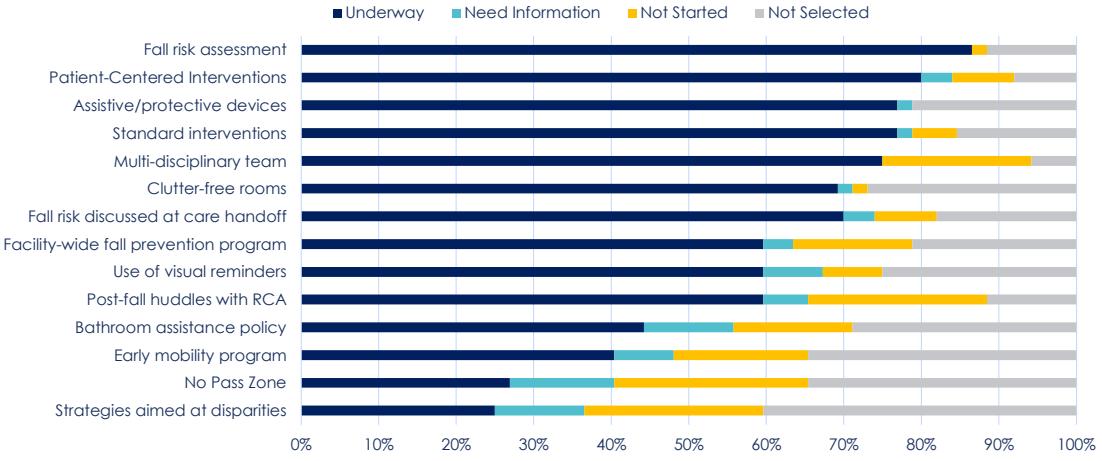
Preliminary

Falls and Immobility QIWP Intervention Responses

52 of 92 Kansas hospitals in Compass HQIC chose fall prevention as a priority



Source: QIWP Survey, 7/27/2021

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Polling Question

How well is your current fall prevention program working?

- ❑ Excellent
- ❑ Room for improvement
- ❑ We've tried nearly everything
- ❑ Looking for ideas

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Compass Navigator Spotlights Kansas Hospital

Find the article on our website:
https://www.khconline.org/news/success-stories

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Southwest Medical Center Liberal, KS

+ Joint Commission Accredited
+ 101 Bed Facility
+ Not-For-Profit Acute Care Facility

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Our team

Pictured are Southwest Medical Center's (SWMC) staff who have been instrumental in assisting with its Focus on Falls initiative. Front row, left to right: Avery Ysac, CNA; Erin Guitron, CNA; Reyna Tarango, W/C; Courtney Chim, RN; Marian Eruagbere, RN; Jentry Strothman, LPN; and Beji Saji, RN. Back row left to right: Michael McCallion, LPN; William Salvador, LPN; Nichole Eatmon, CNA; Jaime Torres, CNA; Gissell Uribe, RN; and Mirella Buchman, RN, Nurse Manager.

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Why is this important?

- Patient Safety
- Best Care we can Provide to Patients
- Cost Reduction
- Patient Satisfaction

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Our goals – Work in Progress

- SWMC will reduce falls to less than 2 per quarter by providing staff education and training by May 31, 2021.
  - Have not met the goal – Yet!
  - Zero falls in April and June.
- Overall organizational objective is to reduce falls to less or equal to 0.33%.
  - Currently Organization is at 0.47%

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Fall Event Huddle Tool

- Pre-Fall Risk Assessment/Interventions/Documentation
- Assessment Factors
- Post-Fall Risk Assessment/Interventions/Documentation

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Post Fall Huddle Form

Questions	Give time for staff/Patient to answer in own words.	What lesson did we learn?	How to improve to prevent from happening again?
Why did patient fall? (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse's station.			
If injured: what was the injury and cause of it? (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse's station.			

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Post Fall Huddle Form (cont'd)

What safety measures were in place prior to the fall?			
What other safety measures can we put in place? (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse's station.			
Moving forward what will we do differently for this patient and others?			
In the future how can it be prevented?			

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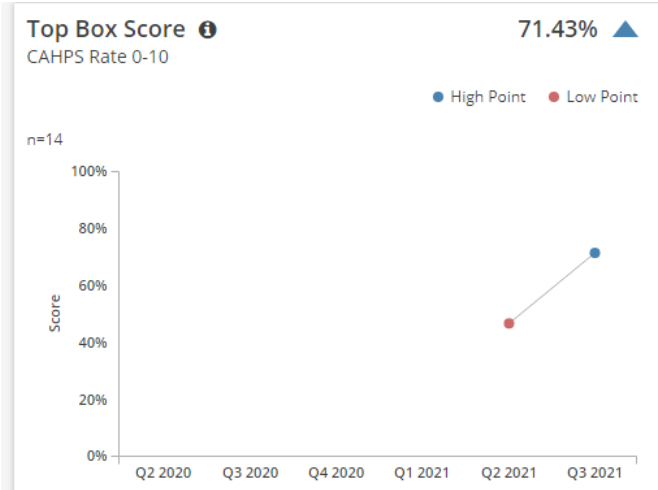
Drivers of Change



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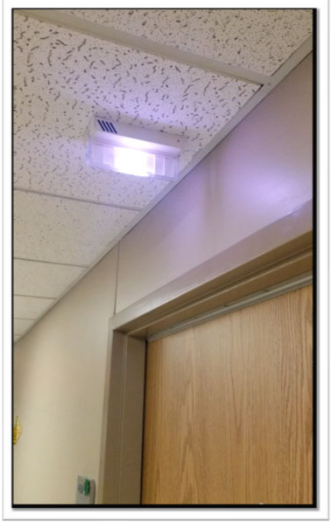
Interventions and Tests of Change

+ No Pass Zone
+ Education
+ Fall Risk Assessment
+ Safety Huddles
+ Use of Yellow Lights Outside Rooms
+ Restroom Attendance



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No Pass Zone – What is it?

+ Answering Call Lights
+ Anyone can ask "May I Help You".
+ Helps Improve Patient Safety
+ Helps Improve Patient Satisfaction

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No Pass Zone – What is it?

+ No Pass Zone Involves All Departments Working Together
+ Ensures Patient Safety
+ Improves Patient Experience
+ Helps to Identify Environmental Hazards
+ Reminds All Staff to be Accountable & Responsible
+ Improves Patient Trust

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No Pass Zone – Non-Clinical Staff Script

"Hello, my name is _____, from __(department/title)__.
I noticed that your call light is on. How may I help you?"

If you can help:

"Yes, I can help you with that."

Once task completed: "I have time, is there anything else I can help you with?"

Thank them: "Thank you for allowing me to assist you today."

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No Pass Zone – Non-Clinical Staff Script

If you cannot help:

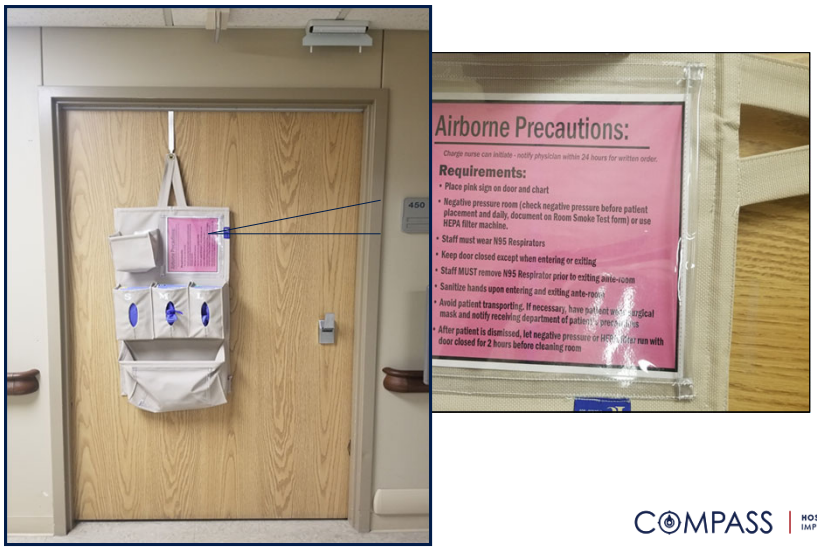
"Let me find the appropriate person to assist you. Please wait right there while I find them and I will come back and let you know how long it will take."

****Always use hand sanitizer when entering and exiting rooms.****

No Pass Zone
Non-Clinical Staff Cannot:

- Manage an IV
- Offer Pain Relief
- Remove Meal Trays
- Assist Patients with Eating / Drinking
- Physically Assist a Patient
- Explain Clinical Matters
- Adjust Bed

No Pass Zone – Always Use Proper PPE



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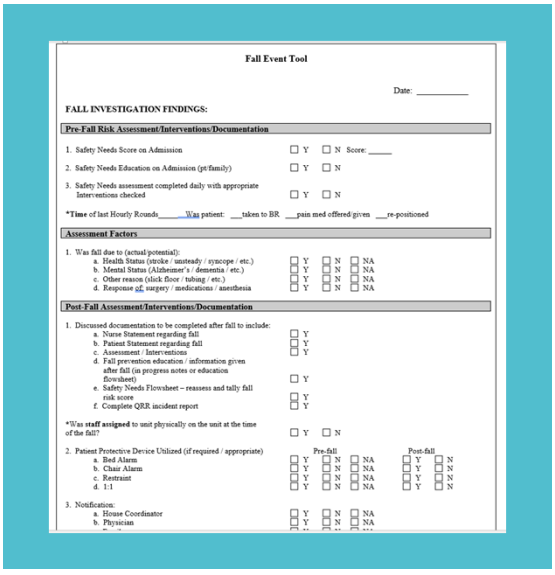
Sustainability & Building



Fall Event Tool

Date: _____

FALL INVESTIGATION FINDINGS:

Pre-Fall Risk Assessment/Interventions/Documentation

1. Safety Needs Score on Admission ☐ Y ☐ N Score: ____
2. Safety Needs Education on Admission (pt/family) ☐ Y ☐ N
3. Safety Needs assessment completed daily with appropriate Interventions checked ☐ Y ☐ N

*Time of last Hourly Rounds_____Was patient: ___taken to BR ___pain med offered/given ___re-positioned

Assessment Factors

1. Was fall due to (actual/potential):
   a. Health Status (stroke / unsteady / syncope / etc.) ☐ Y ☐ N ☐ NA
   b. Mental Status (Alzheimer's / dementia / etc.) ☐ Y ☐ N ☐ NA
   c. Other reason (slick floor / tubing / etc.) ☐ Y ☐ N ☐ NA
   d. Response of surgery / medications / anesthesia ☐ Y ☐ N ☐ NA

Post-Fall Assessment/Interventions/Documentation

1. Discussed documentation to be completed after fall to include:
   a. Nurse Statement regarding fall ☐ Y
   b. Patient Statement regarding fall ☐ Y
   c. Assessment / Interventions ☐ Y
   d. Fall prevention education / information given after fall (in progress notes or education flowsheet) ☐ Y
   e. Safety Needs Flowsheet – reassess and tally fall risk score ☐ Y
   f. Complete QRR incident report ☐ Y

*Was **staff assigned** to unit physically on the unit at the time of the fall? ☐ Y ☐ N

2. Patient Protective Device Utilized (if required / appropriate)

	Pre-fall			Post-fall	
a. Bed Alarm	☐ Y	☐ N	☐ NA	☐ Y	☐ N
b. Chair Alarm	☐ Y	☐ N	☐ NA	☐ Y	☐ N
c. Restraint	☐ Y	☐ N	☐ NA	☐ Y	☐ N
d. 1:1	☐ Y	☐ N	☐ NA	☐ Y	☐ N

3. Notification:
   a. House Coordinator ☐ Y ☐ N ☐ NA
   b. Physician ☐ Y ☐ N ☐ NA

+ Fall Toolkit
+ Continued Staff Education
+ Continued Monitoring and Assessing Each Fall
+ Rolling out to Entire Facility

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Advice

- Begin
- Use the toolkit
- Use resources
- Use data to engage others
- Keep your patients safe

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Questions?

- Please type your questions into the chat pod.

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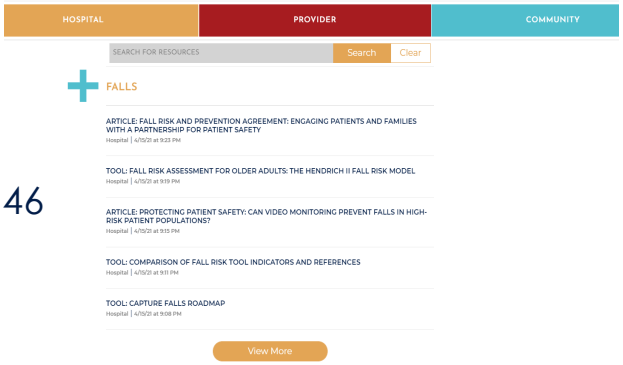
Resources

- Fall Event Huddle Tool
- Post Fall Huddle Form
- Compass HQIC Toolkit Page 46
- iCompass Forum Resources

https://www.ihconline.org/icompass



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Data & Reports
Compass Milestones
KHIN
Upcoming Events
Resources

KHC & Compass Network Updates

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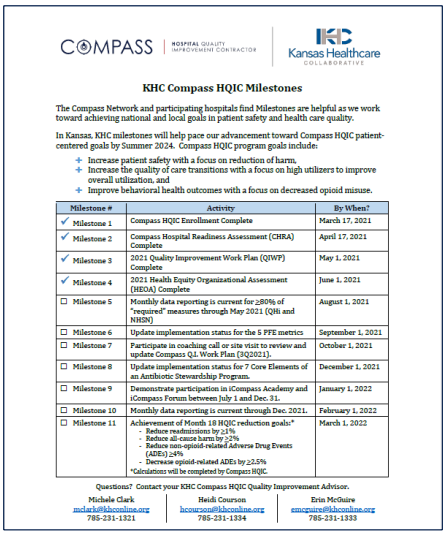
Milestones – Now Underway

5. Monthly data reporting is current through ~~May (by Aug. 1)~~ **June (by Sept. 7)**
6. Patient and Family Engagement Metrics Reviewed and Updated (by July 30)
7. Coaching Call / Site Visit with your Compass QIA by Oct. 1.
8. Review implementation status: 7 Core Elements of Antimicrobial Stewardship Program
9. Demonstrate participation in iCompass Academy and iCompass Forum between July 1 and Dec. 31.



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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:

- 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 ≥80% of "required" measures through May 2021 (QHi and NHSN)	August 1, 2021
☐ Milestone 6	Update implementation status for the 5 PPE metrics	September 1, 2021
☐ Milestone 7	Participate in coaching call or site visit to review and update Compass QI. Work Plan (3Q2021).	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:* - Reduce readmissions by ≥1% - Reduce all-cause harm by ≥2% - Reduce non-opioid-related Adverse Drug Events (ADEs) ≥4% - Decrease opioid-related ADEs by ≥2.5% *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 | Erin McGuire emcguire@khconline.org 785-231-1333

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Data Updates

+ Data are due at the end of the following month.
+ Data Refresh
  - Administrative Claims and NHSN transferred to QHi
  - QHi data is sent to Compass
  - Current Data Refresh: 8/6/2021
  - Next Refresh: on or around 9/10/2021
+ Reports
  - Data Completeness – Currently available at any time from your QIA
  - Compass Dashboard – First version coming in September
    - Run Charts, Key Project Metrics, Comparisons with the Compass Network

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Data Updates

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.

Next data pull will occur September 9-10.

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

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QHi Review Session

QHi
MyQHi.org

Wednesday, September 16, 2021
1:30 – 2:30 CT

Register here: https://cc.readytalk.com/r/5ifz0ifp2hvq&eom

We will demonstrate new enhancements to the site and how to:

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

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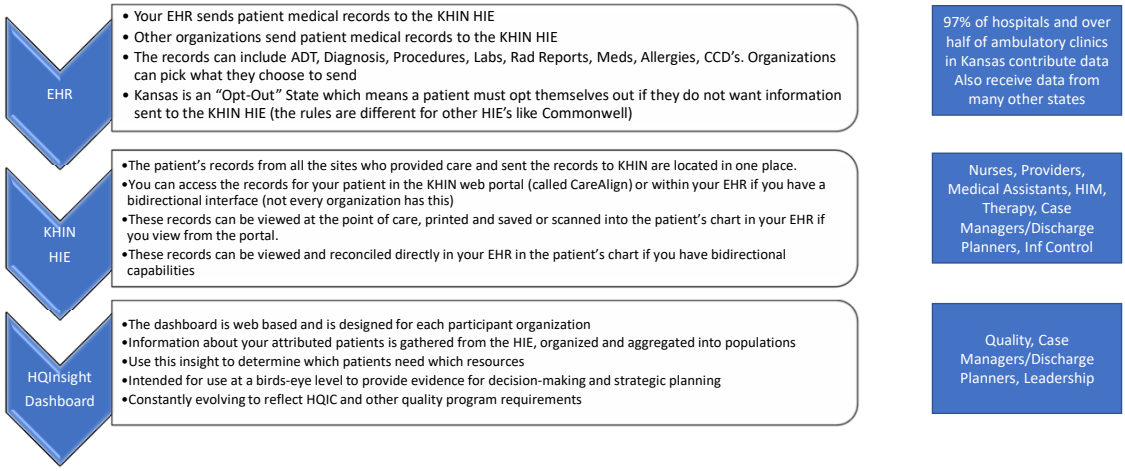
How KHIN Supports Your HQIC Efforts



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How KHIN Supports Your HQIC Efforts

KHIN Action Items

- Dashboard builds are complete and being deployed
- Scheduling dashboard "deep dives" in collaboration with QIA's
  - Any site is welcome to reach out and schedule as many "deep dives" with KHIN as they deem necessary
  - Focus of deep dives is currently on the usage of Acute Alerts to facilitate follow-up and care transitions
- Current collaboration with Community Mental Health Centers via the Wheat State Project
- Adverse Drug Event tile in development
- Current collaboration with KHC and KDHE for eCR development
- HQInsight user audit in development

HQIC Hospital Action Items

- Login to your HQInsight Dashboard
  - All users need to login prior to a deep dive
  - Notify Helpdesk if anyone is unable to login
- Check your Acute Alerts in the dashboard
  - Review the Acute Alerts tile regularly
  - Begin to discuss internally how to apply the acute alerts to practice
  - Run the monthly CoP Audit Report for compliance
- Review KHIN HIE status at your organization
  - How do we access?
  - Who has access?
  - Do we need to improve usage?
  - Reach out to Rhonda for any questions re HIE

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Upcoming Events

Upcoming KHC Office Hours

- September 22 - Sepsis
- October 27
- November 24
- December 22

KHC Office Hours registration link:
https://us06web.zoom.us/webinar/register/WN_0SEpcyqyQqq-TllGz4kvgQ

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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COVID-19 Clinical Call
Sept. 2, 2021
Noon to 1:00 p.m.

Managing Higher Acuity Patients in Place

All calls provide general updates as needed and offer an open Q&A.

To get connection info, join the clinical distribution list.
https://www.kha-net.org/CriticalIssues/HospitalPreparedness/covid-19/Clinical_PPE/

KHA Kansas Hospital Association
The University of Kansas Health System
The University of Kansas Health System Care Collaborative

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Upcoming National Sepsis Events

Decreasing Sepsis Mortality through Bundle Compliance

+ September 14, 2021 * 11:00 a.m. to 12:00 p.m. CT
+ Registration link: https://us02web.zoom.us/meeting/register/tZMvfu6gqDgoHdGX8GX4X6vV50yk3UXROpGF

Sepsis Alliance Summit

+ September 14-16, 2021
+ Registration link: https://www.sepsis.org/event/sepsis-alliance-summit/

Save the date for: **Exploring Sepsis Strategies – Part 2**

+ **September 30, 2021 * 1:00 to 2:00 p.m. CT**
+ Registration link and flyer will be forthcoming

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Compass HQIC Network Webinar: **Readmission Risk Assessment Review**

Tuesday, September 28th 11am

Join the Compass HQIC team for a general review of the Compass Readmission measures, with a special focus on the process measure for the follow-up appointment made upon discharge in accordance with the risk assessment. During the hour-long live webinar readmission risk assessment tools will be explored and we will hear from two of our Compass HQIC partner hospitals and how they successfully implemented a readmission risk assessment into their process.

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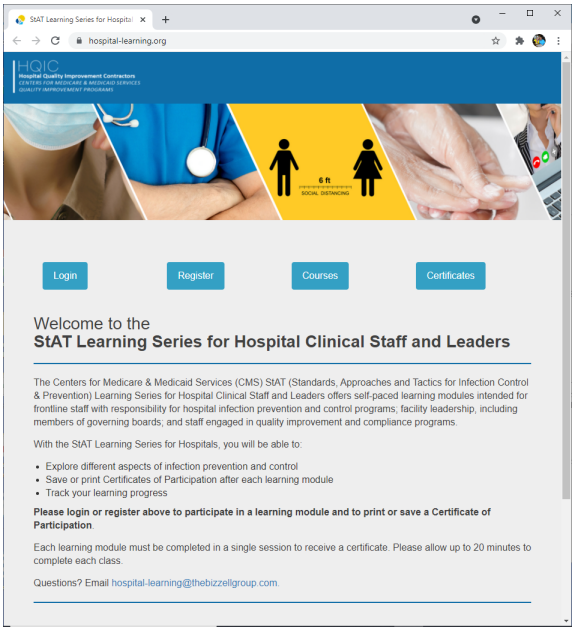

Hospital-learning.org

StAT Learning Series

Infection prevention control practices for Hospital Clinical Staff and Leaders

This learning series is produced by CMS to share the latest tools, new techniques and refreshed best practices for infection prevention and control

Each interactive, self-paced learning module shares actionable information and resources for infection prevention.

Most classes take 15 minutes to complete. See flyer in today's webinar handout.

Available through the CMS Hospital Quality Improvement Program

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Kansas Healthcare COLLABORATIVE

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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 recording: Electronic Case Reporting 101
Register here for recording: www.khconline.org/ecr

Kansas Healthcare COLLABORATIVE

Kansas Department of Health and Environment

CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention

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Next Steps

- Schedule next coaching call (if not already set)
- Review and update your Q.I. Work Plan
- Ensure data entry is current through June by September 7.
- Watch for Compass Navigator newsletter on Sept. 1.
- Log into iCompass Forum and iCompass Academy to engage and learn.

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Questions?

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Have Questions, Need Help?

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Thank you for joining us.

We invite your feedback.

What was a key take-away?
What are 3 next steps based on the information shared?

Please complete our brief feedback survey.

https://www.surveymonkey.com/r/KHC-office-hours-08-25-2021

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Kansas Healthcare COLLABORATIVE

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Kansas Healthcare COLLABORATIVE

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Executive Director

Rhonda Lassiter
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→ Find contact info, bios, and more at:
www.KHConline.org/staff

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Patty Thomsen
Quality Improvement Advisor

Rebecca Thurman
Quality Improvement Advisor

Fall Event Tool

Date: _____

FALL INVESTIGATION FINDINGS:

Pre-Fall Risk Assessment/Interventions/Documentation

1. Safety Needs Score on Admission ☐ Y ☐ N Score: _____

2. Safety Needs Education on Admission (pt/family) ☐ Y ☐ N

3. Safety Needs assessment completed daily with appropriate Interventions checked ☐ Y ☐ N

***Time** of last Hourly Rounds_____ Was patient: ___taken to BR ___pain med offered/given ___re-positioned

Assessment Factors

1. Was fall due to (actual/potential):
   a. Health Status (stroke / unsteady / syncope / etc.) ☐ Y ☐ N ☐ NA
   b. Mental Status (Alzheimer's / dementia / etc.) ☐ Y ☐ N ☐ NA
   c. Other reason (slick floor / tubing / etc.) ☐ Y ☐ N ☐ NA
   d. Response of: surgery / medications / anesthesia ☐ Y ☐ N ☐ NA

Post-Fall Assessment/Interventions/Documentation

1. Discussed documentation to be completed after fall to include:
   a. Nurse Statement regarding fall ☐ Y
   b. Patient Statement regarding fall ☐ Y
   c. Assessment / Interventions ☐ Y
   d. Fall prevention education / information given after fall (in progress notes or education flowsheet) ☐ Y
   e. Safety Needs Flowsheet – reassess and tally fall risk score ☐ Y
   f. Complete QRR incident report ☐ Y

***Was **staff assigned** to unit physically on the unit at the time of the fall? ☐ Y ☐ N

2. Patient Protective Device Utilized (if required / appropriate)	Pre-fall			Post-fall	
a. Bed Alarm	☐ Y	☐ N	☐ NA	☐ Y	☐ N
b. Chair Alarm	☐ Y	☐ N	☐ NA	☐ Y	☐ N
c. Restraint	☐ Y	☐ N	☐ NA	☐ Y	☐ N
d. 1:1	☐ Y	☐ N	☐ NA	☐ Y	☐ N

3. Notification:
   a. House Coordinator ☐ Y ☐ N ☐ NA
   b. Physician ☐ Y ☐ N ☐ NA
   c. Family ☐ Y ☐ N ☐ NA

CONCLUSION: _____

RECOMMENDATIONS: _____

_____

Return to Nurse Manager

Post Fall Huddle Form

Nurse Reviewer:_____ Date:_____ Patient Name/RM#:_____

Staff involved: Charge:_____ Primary Nurse:_____ CNA assigned:_____

Others on unit:_____ _____ _____ _____

Questions	**Give time for staff/Patient to answer in own words.**	**What lesson did we learn?**	**How to improve to prevent from happening again?**
Why did patient fall? (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse's station.			
If injured: what was the injury and cause of it? (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse's station.			
What safety measures were in place prior to the fall?			
What other safety measures can we put in place? (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse's station.			
Moving forward what will we do differently for this patient and others?			
In the future how can it be prevented?			

Safety Measures that ALL Mod/High fall risk patients should have additionally to our standard hospital ones:

*Morse score or fall risk status on white board *ability to transfer on white board *Non-slip socks on all patients

*Bed/chair alarm plugged into call light *Yellow light outside door *Gaitbelt used/hook in room *staff in BR w/ patient

JOIN US!

VIRTUAL EVENT

Decreasing Sepsis Mortality through Bundle Compliance

Sepsis continues to be a killer in our midst. More than 250,000 thousand people die of sepsis annually. How do we drive down sepsis mortality? With a sense of urgency for recognition and treatment! Join us for a webinar to explore strategies for "Hour 1 Bundle" implementation and SEP-1 measure compliance. We will learn directly from Lutheran Medical Center, a 338-bed acute care community hospital in Wheat Ridge CO and their performance improvement journey. Their performance improvement program spans ED sepsis alerts and Best Practice Advisories (BPA) to increase sepsis recognition followed by the implementation of SCIRT (sepsis/stroke, cardiac, intervention, rapid/resuscitation, and trauma) nurses and the sepsis "war room" concept to track early sepsis care. Their success in SEP-1 compliance and other metrics will show how real time tracking of sepsis patients improve process & patient outcomes.

LEARNING OBJECTIVES

- Review concepts and elements of "hour one bundle".
- Summarize a case presentation of a 338-bed acute-care community hospital's Sepsis Performance Improvement Program from 2016-2021; including the SCIRT nurse role in along with the sepsis "war room" concept and the effectiveness of IP and ED sepsis alerts with real time sepsis tracking and SCIRT RNs.
- Demonstrate the link between process compliance to patient outcomes and decrease mortality.

DATE: Tuesday, September 14, 2021
TIME: 9:00 a.m. - 10:00 a.m. PT
11:00 a.m. - 12:00 p.m. CT
12:00 p.m. - 1:00 p.m. ET

REGISTER HERE!

PRESENTERS

Betty Moore, MSN, RN-BC, CCRN

Betty Moore is the Sepsis Coordinator at Luteran Medical Center in Wheat Ridge CO. LMC is partnered with SCL Health faith-based nonprofit healthcare organization with locations in CO, MT, and KS.

Betty has more than 40 years' experience as a registered nurse mostly in adult critical care, healthcare technology, and clinical informatics. She has facilitated multidisciplinary implementation of large-scale healthcare technologies involving workflow process changes. Over the last 3 years as a sepsis coordinator, she has taken past work experiences, along with the executive leadership and support, and SCIRT nurses to develop a unique sepsis program with RNs to track sepsis patients in real time.

Maryanne Whitney, RN, CNS

Maryanne Whitney is an Improvement Advisor with Cynosure Health. She is the lead for the subject areas of Sepsis, Delirium, VAE, and Airway Safety. Maryanne joined Cynosure Health with over 25 years of hospital operations and nursing leadership expertise. She has extensive experience in Critical Care, Patient Safety, Sepsis Mortality Reduction, Delirium and Rapid Response Team implementation. Maryanne earned her Bachelor of Science degree in Nursing from San Jose State University, as well as her Master of Science degree in Nursing and Critical Care Clinical Nurse Specialist Certificate from San Francisco State University.

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Large Urban, Public, and/or Academic HQIC Hospitals **Affinity Group**: Breaking Through Silos and Plateaus

Large health care organizations face unique challenges due to silos, bureaucracy, the patient population served, and expectations for care. Collaboration with other organizations of similar sizes and organizational design is crucial to driving improvement in this setting. The Large Hospital Affinity Group, open to leaders in all HQIC large, public, and/or academic hospitals, will provide an opportunity for collaboration and strategy for addressing the shared challenges and opportunities for improving quality outcomes. Hosted by the Convergence Health HQIC, the HQIC Large Hospital Affinity Group will meet monthly to coalesce around shared bright spots and opportunities, and will be facilitated by Steve Tremain, MD, FACPE. Dr. Tremain has over 30 years experience as a Chief Medical Officer in a large public hospital, and will facilitate the conversation around creating standard work to provide reliable outcomes.

LEARNING OBJECTIVES:

- Describe methods to create relationships that facilitate collaboration
- Identify the common challenges and potential solutions
- Identify common opportunities that can lead to standard work where and when standard work should be done ("Standardize what's standardizable, and no more." Brent James, IOM)

TARGET AUDIENCE:

Physician Leaders, Executive Leaders, Directors and Managers from large urban, public, and/or academic medical centers in HQIC Hospitals

FIRST MEETING:

Wednesday, September 22, 2021

TIME:

9:00a.m. - 10:00a.m. PT
11:00a.m. - 12:00p.m. CT
12:00p.m. - 1:00p.m. ET

FACILITATOR:

STEVE TREMAIN, MD, FACPE
Physician Improvement Advisor
Cynosure Health

REGISTER HERE!

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Publication No. 12SOW-Convergence-HQIC-08112021-02.

StAT Learning Series for Hospital Clinical Staff and Leaders

Available through the CMS Hospital Quality Improvement Program

The COVID-19 pandemic and emergency preparedness in general has led to a large-scale reexamination of infection prevention and control practices for inpatient settings. *What is working? What no longer serves us? How can we make our processes and procedures better* – for our patients, our colleagues and ourselves?

Made for:

Infection prevention clinicians and leaders | Facility leaders | Governing board members
Staff engaged in quality improvement and compliance programs

The StAT (Standards, Approaches and Tactics for Infection Control & Prevention) Learning Series for Hospital Clinical Staff and Leaders is produced by the Centers for Medicare & Medicaid Services (CMS) to share the latest tools and new techniques, along with refreshed best practices for a new era of infection prevention and control. Each interactive, self-paced learning module will share a new perspective on a topic you "need to know" for infection prevention mastery. You'll receive actionable information and resources from hospital quality improvement and infection control experts to help your teams:

- Refresh or build skills in infection prevention and control
- Print or save Certificates of Participation
- Track your learning progress

Additional learning modules are planned. Most classes take 15 minutes to complete.

Click here for a complete list.

Sign up to receive updates on new releases, tools and resources!

HQIC | Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

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12SOW/Bizzell/DVA-0258-11/12/2020