KHC Office Hours for Compass HQIC

September 22, 2021

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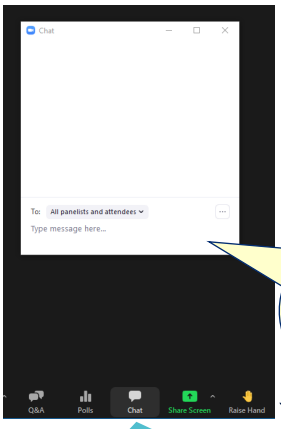
Zoom Webinar Features

+Chat



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

All panelists

✓ All panelists and attendees

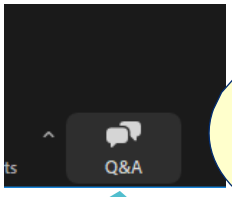
Type your chat message here. Press the Enter or Return key to submit your message.

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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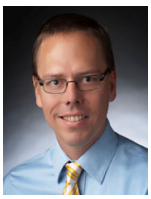
Presenters

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 guest:

Maryanne Whitney, RN, CNS, MSN
Improvement Advisor
Cynosure Health

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Agenda

- Welcome and Announcements
- Featured topic: ***Beyond the Sepsis Bundles***
- Q&A
- Data and Program Updates
- Resources, Upcoming events and Next Steps

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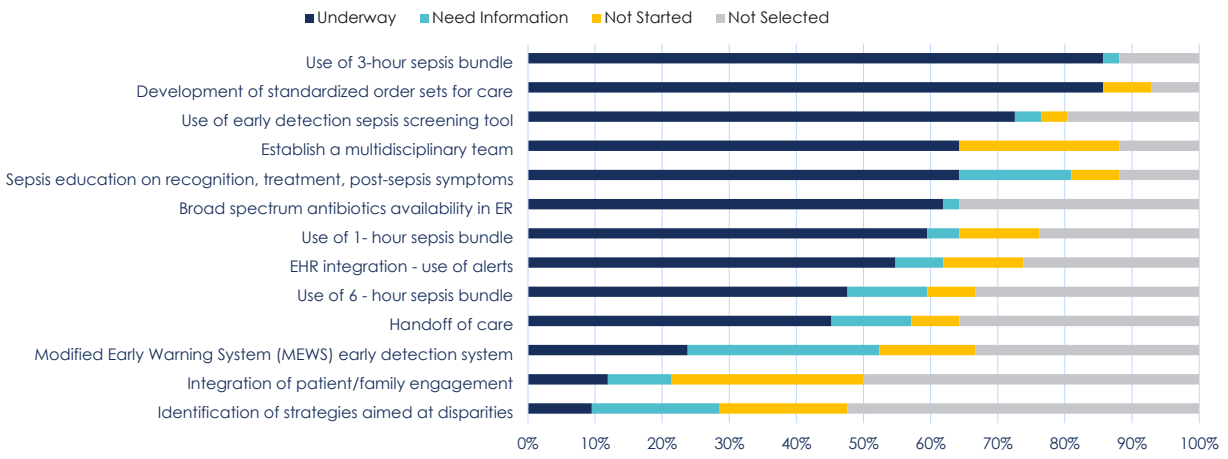
Sepsis QIWP Intervention Responses

42 of 92 Kansas hospitals in Compass HQIC selected sepsis as a top 3 priority



Source: QIWP Survey, 7/27/2021

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Sepsis as a Compass HQIC Priority

Goals

1: Improve Behavioral Health Outcomes with a focus on decreased opioid misuse

2: Increase Patient Safety with a focus on reduction of harm

3: Increase the Quality-of-Care Transitions with a focus on high utilizers in an effort to improve overall utilization

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Kansas Medicare Claims

May 2020 – April 2021

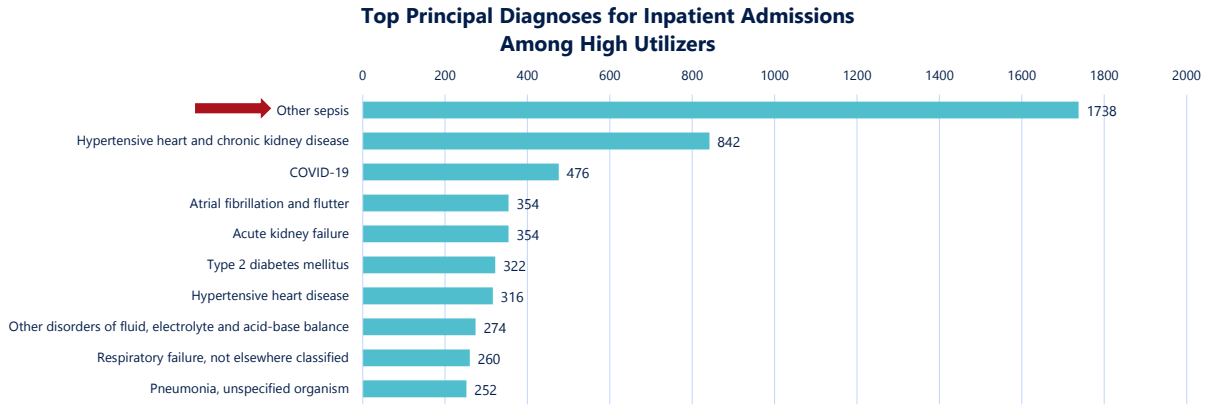

Chart courtesy of HQIN
High Utilizers defined as:

4+ admissions or 5+ ED, observation, and inpatient stays combined in a 12-month period

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Sepsis: After the Bundles

Maryanne Whitney RN MSN
Cynosure health
Kansas Healthcare Collaborative
September 22, 2021

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Objectives

Review	Review Sepsis Treatment Bundles
Understand	Understand Sepsis Discharge Strategies
Investigate	Investigate Sepsis Readmission Data
Discover	Discover Interventions to Reduce Sepsis Readmission

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Polling Question

What are your goals for your sepsis program? (select all that apply)

- ❑ Decrease outcome
- ❑ Improve SEP-1 measure compliance
- ❑ Hour-1 Bundle compliance
- ❑ Reliable screening
- ❑ Decreasing sepsis readmissions
- ❑ Not sure yet
- ❑ Other (type in chat)

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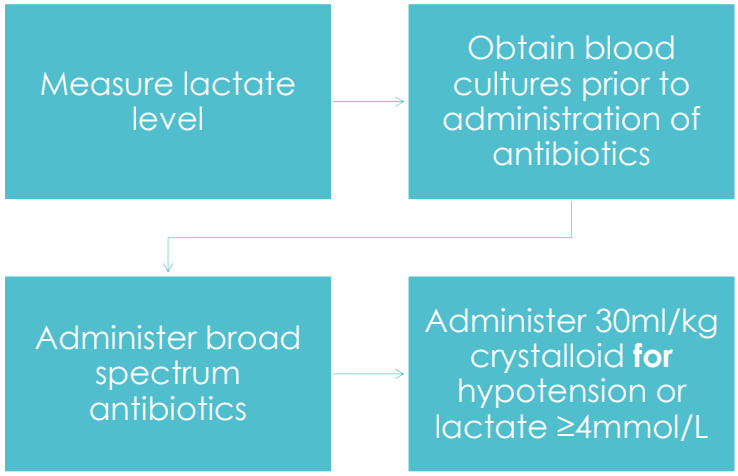
Positive Sepsis Screen 3hr Bundle

(to be completed within 3 hours of presentation)



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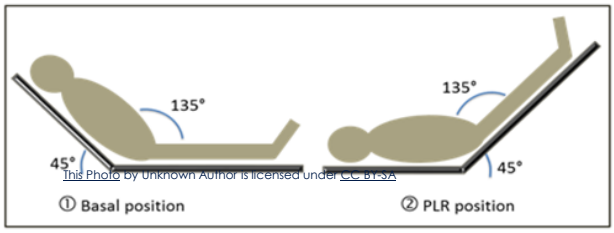
Hypotension or Lactate > or = 4 6hr bundle

(to be completed within 6 hours of SEPTIC SHOCK presentation time)

+ Apply vasopressors
  - for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥65mmHg
+ Re-assess volume status and tissue perfusion and document findings
  - In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥4 mmol/L,
+ Re-measure lactate if initial lactate elevated.



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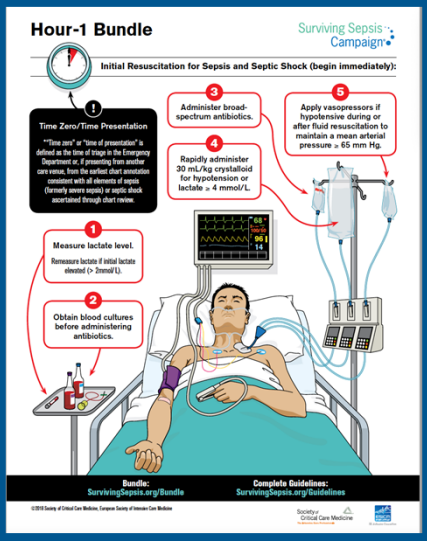
Hour ONE Bundle

https://www.sccm.org/getattachment/SurvivingSepsisCampaign/Guidelines/Adult-Patients/Surviving-Sepsis-Campaign-Hour-1-Bundle.pdf?lang=en-US



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Process Improvement Discovery Tools

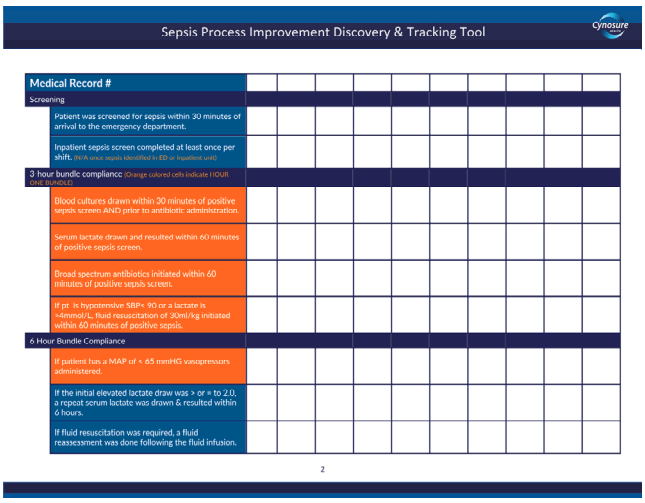
Create free log in to access Discovery Tools, instructional videos, and supportive resources:

Sepsis Discovery Tool

https://clic.thinkific.com/courses/take/Sepsis-resource-library/pdfs/22214377-download-the-sepsis-process-improvement-discovery-tracking-tool

Readmissions Discovery Tool

https://clic.thinkific.com/courses/take/Readmissions-Resource-Library/pdfs/22213779-download-the-readmissions-discovery-tool



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Other Supportive Therapy of Severe Sepsis*

ARDS prevention
Sedation Minimization
Blood Product minimization
Glucose Control
Nutrition
DVT prophylaxis
PUD prophylaxis
Goals of Care

Add a footer

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Post Bundle Understanding

+Sepsis is an increasing burden in the USA
+Sepsis management has led to decreased mortality rates
+Increased number of survivors
+Little known about survivors of sepsis
+Sepsis survivors have increased healthcare utilization post survival
+Ongoing mortality up to 2 years post sepsis

Sun, et al. Critical Care Medicine. 2016: Dick, Liu, Zwanziger et al. BMC Health Services Research. 2012

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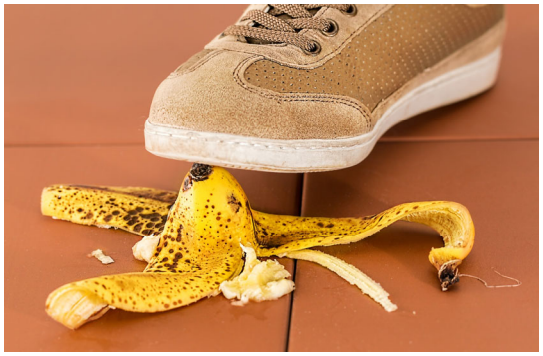
Discharging a Sepsis Patient?



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Clinical Considerations

- Normalization of lactate
- Development of delirium during admission
- Resolution of organ dysfunction or trending toward normalization
  - (creat, BUN, liver enzymes, etc)
- Is pt being discharged on antibiotics?
  - (narrow spectrum?)
- Is pt being discharged with drains, wounds, indwelling lines or catheters?
- Functional status
  - (compare prior to admission & discharge)

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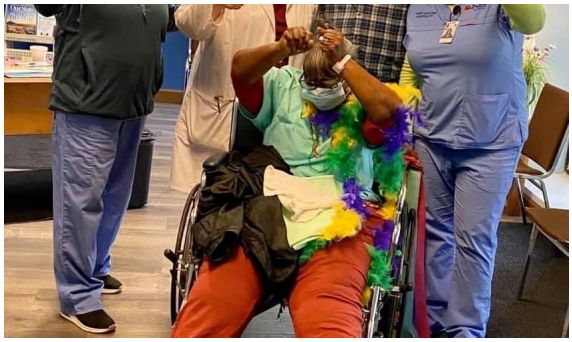

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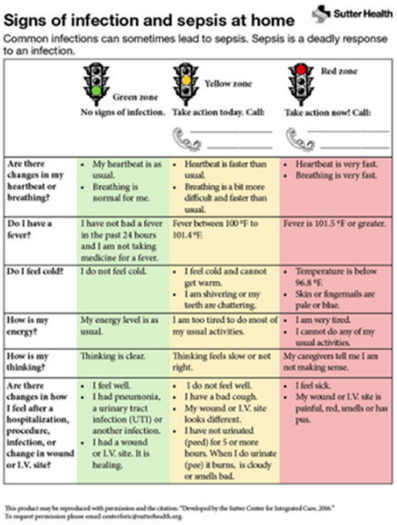
Then what?

If so, consider:

- Medication review in the construct of worsening chronic conditions
- Decreased time to follow up
- Specific sepsis education and disease recognition and management
- Focus on the social, environmental, psychological aspects of sepsis



Signs of infection and sepsis at home

Sutter Health

Common infections can sometimes lead to sepsis. Sepsis is a deadly response to an infection.

	Green zone No signs of infection.	Yellow zone Take action today. Call: _____	Red zone Take action now! Call: _____
Are there changes in my heartbeat or breathing?	• My heartbeat is as usual. • Breathing is normal for me.	• Heartbeat is faster than usual. • Breathing is a bit more difficult and faster than usual.	• Heartbeat is very fast. • Breathing is very fast.
Do I have a fever?	I have not had a fever in the past 24 hours and I am not taking medicine for a fever.	Fever between 100 °F to 101.4 °F.	Fever is 101.5 °F or greater.
Do I feel cold?	I do not feel cold.	• I feel cold and cannot get warm. • I am shivering or my teeth are chattering.	• Temperature is below 96.8 °F. • Skin or fingernails are pale or blue.
How is my energy?	My energy level is as usual.	I am too tired to do most of my usual activities.	• I am very tired. • I cannot do any of my usual activities.
How is my thinking?	Thinking is clear.	Thinking feels slow or not right.	My caregivers tell me I am not making sense.
Are there changes in how I feel after a hospitalization, procedure, infection, or change in wound or I.V. site?	• I feel well. • I had pneumonia, a urinary tract infection (UTI) or another infection. • I had a wound or I.V. site. It is healing.	• I do not feel well. • I have a bad cough. • My wound or I.V. site looks different. • I have not urinated (peed) for 5 or more hours. When I do urinate (pee) it burns, is cloudy or smells bad.	• I feel sick. • My wound or I.V. site is painful, red, smells or has pus.

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Stay close post discharge

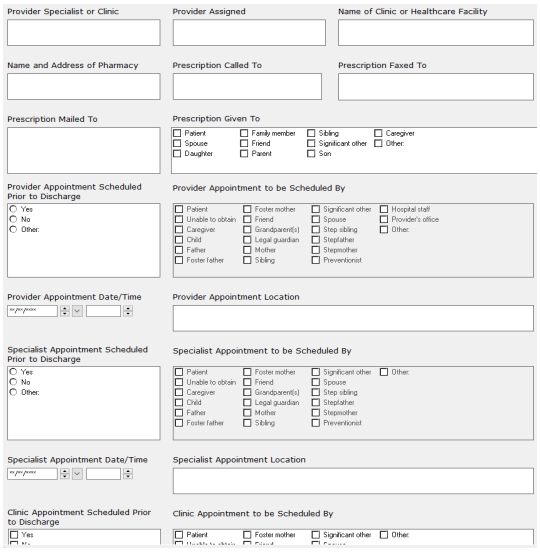
"We have learned through our data analysis and PDCA cycles that we need to get our sepsis patients to a f/u appt within 48-72 hours.

We have also used the attached 72 hr. post discharge follow-up tool here for our post discharge phone calls, which addresses all of our patients including sepsis. It assesses how well they are attending their appts., as well as other physical assessment (activity, diet, etc.) and understanding of medications.

We know we will continue to adapt as we identify individual patient needs. We will continue working toward make it better for patients as we learn from our data and processes."

Thank you! Dorothy Rice

AdventHealth Ottawa



Provider Specialist or Clinic | Provider Assigned | Name of Clinic or Healthcare Facility

Name and Address of Pharmacy | Prescription Called To | Prescription Faxed To

Prescription Mailed To | Prescription Given To

Provider Appointment Scheduled Prior to Discharge | Provider Appointment to be Scheduled By

Provider Appointment Date/Time | Provider Appointment Location

Specialist Appointment Scheduled Prior to Discharge | Specialist Appointment to be Scheduled By

Specialist Appointment Date/Time | Specialist Appointment Location

Clinic Appointment Scheduled Prior to Discharge | Clinic Appointment to be Scheduled By

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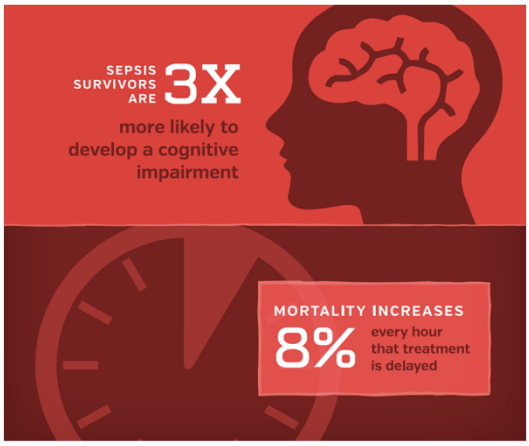
Specific Post Sepsis Education



http://www.sepsis.org/files/SA_Infographic1_Square3_8.5x11_PrintReady.pdf

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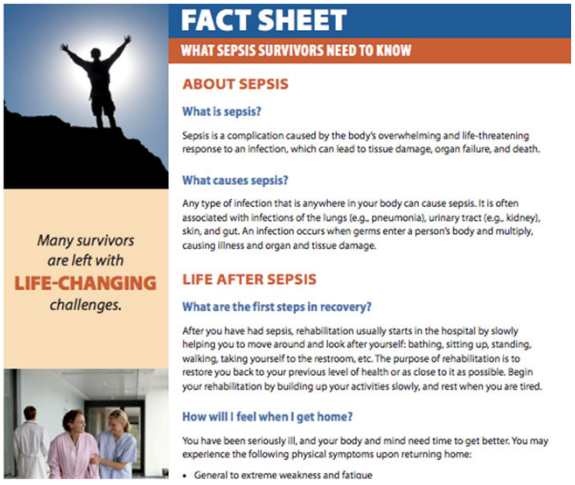

It is also not unusual to have the following feelings once home:

- Unsure of yourself
- Not caring about your appearance
- Wanting to be alone, avoiding friends and family
- Flashbacks, bad memories
- Confusing reality (e.g., not sure what is real and what isn't)
- Feeling anxious, more worried than usual
- Poor concentration
- Depressed, angry, unmotivated
- Frustration at not being able to do everyday tasks

What can I do to help myself recover at home?

- Set small, achievable goals for yourself each week, such as taking a bath, dressing yourself, or walking up the stairs
- Rest and rebuild your strength
- Talk about what
- Record your tho
- Learn about sep
- Ask your family what happened t
- Eat a balanced d
- Exercise if you fe
- Make a list of qu

ime.

However, if you feel that you are not getting better, or finding it difficult to cope, or continue to be exhausted call your healthcare provider.

Where can I get more information?

Sepsis Alliance (www.sepsis.org) was created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. To view the full series of Sepsis Information Guides, visit **sepsis.org/library**

Are there any long-term effects of sepsis?

Many people who survive sepsis recover completely and their lives return to normal. However, older people, people who have suffered more severe sepsis and those treated in an intensive care unit are at greatest risk of long-term problems, including suffering from post-sepsis syndrome.

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Sepsis Readmission

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Why focus on sepsis?

Common

Costly

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Sepsis readmissions are common

12% of all readmissions followed a sepsis hospitalization

	National Readmission Data[a]			Weighted Proportion of Cases in the United States	
	No. of All Index Admissions Readmitted Within 30 Days	Estimated Mean Length of Stay (95% CI), d[b]	Estimated Mean Cost per Readmission (95% CI), $[b]	Percentage of Index Admissions Readmitted Within 30 Days (95% CI)	Percentage of Total Estimated Cost of All Readmissions (95% CI)
Admissions associated with 30 d readmission	1 187 697	6.4 (6.4-6.5)	8242 (8225-8258)	NA	100.0
Primary Analyses[c]					
Sepsis	147 084	7.4 (7.3-7.4)	10 070 (10 021-10 119)	12.2 (11.9-12.4)	14.5 (14.2-14.8)
Acute myocardial infarction	15 001	5.7 (5.6-5.8)	9424 (9279-9571)	1.2 (1.2-1.3)	1.4 (1.3-1.5)
Heart failure	79 480	6.4 (6.4-6.5)	9051 (8990-9113)	6.7 (6.5-6.8)	7.5 (7.3-7.7)
Pneumonia	59 378	6.7 (6.6-6.7)	9533 (9466-9600)	5.2 (5.0-5.3)	5.5 (5.4-5.7)
Chronic obstructive pulmonary disease	54 396	6.0 (5.9-6.0)	8417 (8355-8480)	4.6 (4.5-4.8)	4.3 (4.1-4.4)

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Mayr et al, JAMA 2017.

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AHRQ statistical brief # 172

Medicare

CHF
Sepsis
Pneumonia
COPD
Arrhythmia
UTI
Acute renal failure
AMI
Complication of device
Stroke

Medicaid

Mood disorder
Schizophrenia
Diabetes complications
Comp. of pregnancy
Alcohol-related
Early labor
CHF
Sepsis
COPD
Substance-use related

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Sepsis readmissions cost more

Sepsis readmissions cost more due to higher LOS

	National Readmission Data[a]			Weighted Proportion of Cases in the United States	
	No. of All Index Admissions Readmitted Within 30 Days	Estimated Mean Length of Stay (95% CI), d[b]	Estimated Mean Cost per Readmission (95% CI), $[b]	Percentage of Index Admissions Readmitted Within 30 Days (95% CI)	Percentage of Total Estimated Cost of All Readmissions (95% CI)
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Chronic obstructive pulmonary disease	54 396	6.0 (5.9-6.0)	8417 (8355-8480)	4.6 (4.5-4.8)	4.3 (4.1-4.4)

Prescott et al, JAMA 2017

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More importantly

- Worse outcomes when readmitted
  - More ICU use
  - More hospice
  - More death
- 34% in skilled care facility after discharge
- Patients spend median of 10% of days alive after discharge living in acute facility

Jones et al, Annals ATS 2015; Prescott et al, Am J Resp Crit Care Med 2014.

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Questions to ask?

Why are sepsis patients being readmitted?

What will we do differently?

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READMISSIONS

DRIVERS IN THIS CHANGE PACKAGE

Readmission reduction drivers

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Driver #1 - Data and root causes

Index admission = Sepsis

Index admission ≠ Sepsis

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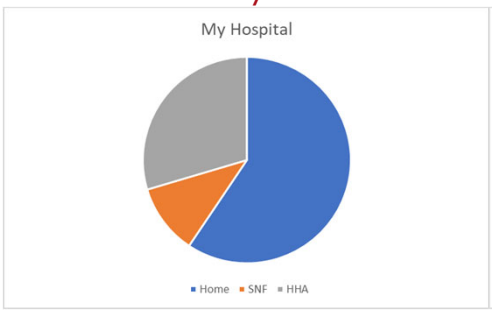
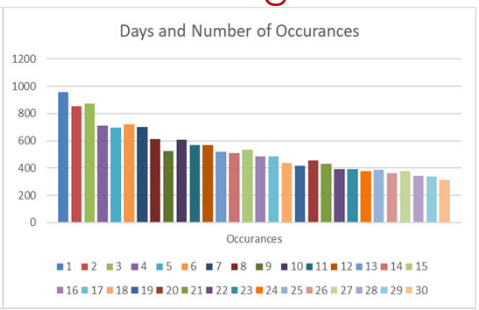
Data and root causes

What does the discharge disposition tell you?



How soon are your sepsis patients returning?



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Risk factors for return

- Younger age
- Medicaid insurance, lower income, urban
- RBC transfusion, TPN and longer duration of antibiotics (main risk factors)
- Sepsis severity NOT an independent factor
- **Study showed 50% of the readmissions –unresolved or recurrent infections**

Chang et al, Crit Care Med, 2015; Jones et al, Annals ATS 2015.
Sun et al. Crit Care Med. 2016

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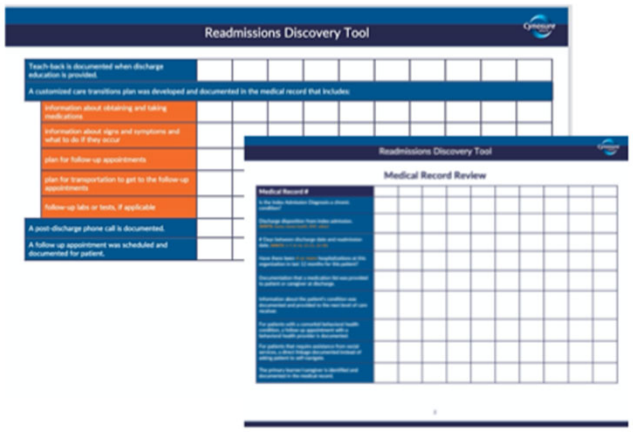
Readmission Discovery Tool: Interview 5



Readmissions Discovery Tool
https://clic.thinkific.com/courses/take/Readmissions-Resource-Library/pdfs/22213779-download-the-readmissions-discovery-tool

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Driver #2 – Transitional care for all

Whole person assessment

Prior to discharge "think sepsis risk" for enhanced education:

- Indwelling catheters?
- Indwelling lines?
- Did pt develop a secondary infection during this admission? Pneumonia, CDI, wound infection, CLABSI, CAUTI?
- Does patient have a wound? Open? Closed?
- Is the pt currently being treated for an infection (on antibiotics)?
- Is there significant functional decline?

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Driver #3- Enhanced services

- Domains of problems among ICU survivors
  - Impairments in physical, cognitive, and psychological domains
  - Acceleration of chronic diseases
    - Cardiovascular disease
    - Myocardial infarction, Stroke, Atrial fibrillation
    - Chronic kidney disease
    - Dementia
    - Immunoparalysis/immunosenescence
  - Repeat episodes of infection & sepsis
  - High risk of death - ~1 in 2 or 1 in 3 likely to die at 1 year

Corrales et al., 2015 JAMA; Yende2014 AJRCCM; Walkeyet al., 2011 JAMA; Shah et al., 2013 AJRCCM Sun et al. Crit Care Med. 2016

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What enhanced services are needed?

+ Follow up care
+ Support groups
+ ???

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Driver #4- Community collaboration

Is their **temperature** *above* 100?

Is their **heart rate** *above* 100?

Is their **blood pressure** *below* 100?

http://www.mnhospitals.org/

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Who can you partner with?

- SNFs
- Home health
- Home providers (MDs, NPs)
- EMS
- Community groups
- Support groups

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Commitments

What ideas did you like?

What idea will you test in your organization?

If you've already started, what's your next test?

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Questions?

Please type your questions into the chat pod.

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Thank you

mwhitney@cynosurehealth.org

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KHC & Compass Network Updates

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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 are sent to Compass
  - Current Data Refresh: 9/8/2021
  - Next Refresh: on or around Oct. 7-8
+ Reports – Emailed this week from your QIA (Erin, Heidi or Michele)
  - Compass HQIC Data Completeness Report
  - KHC Compass Data Snapshot Report

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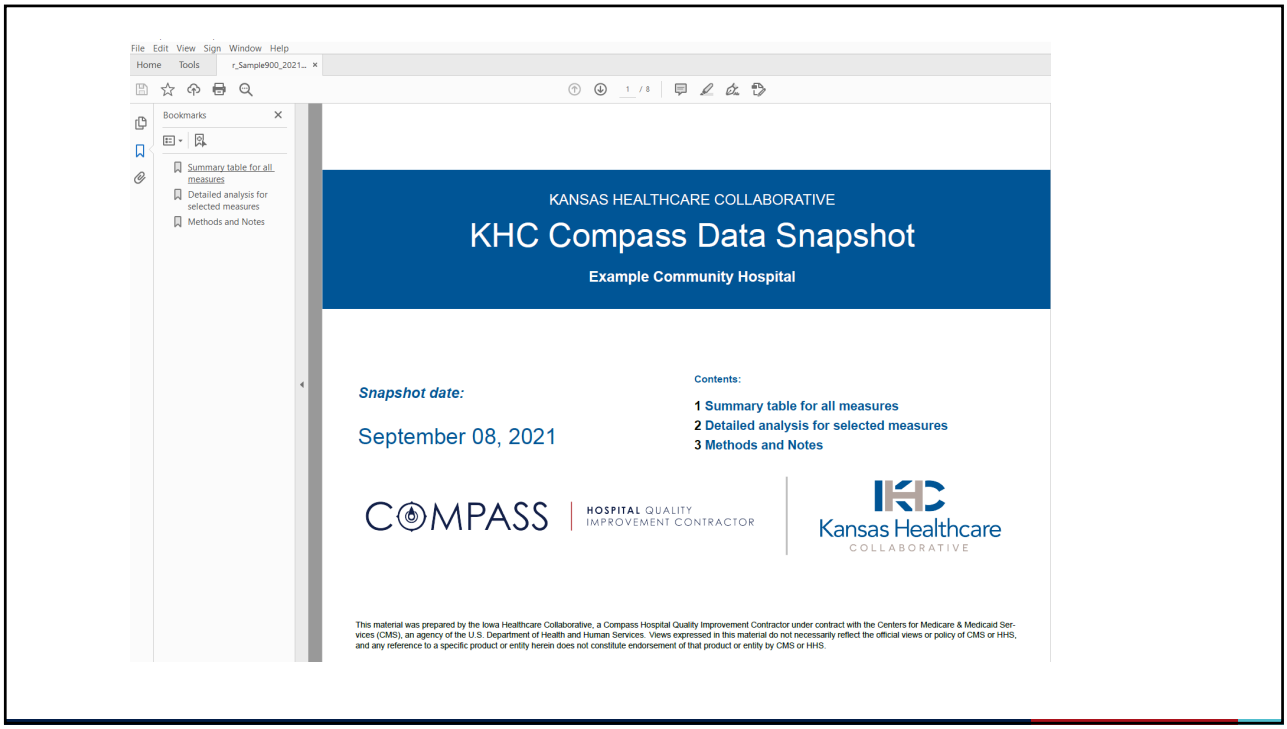
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KANSAS HEALTHCARE COLLABORATIVE
KHC Compass Data Snapshot
Example Community Hospital
Snapshot date:
September 08, 2021
Contents:
1 Summary table for all measures
2 Detailed analysis for selected measures
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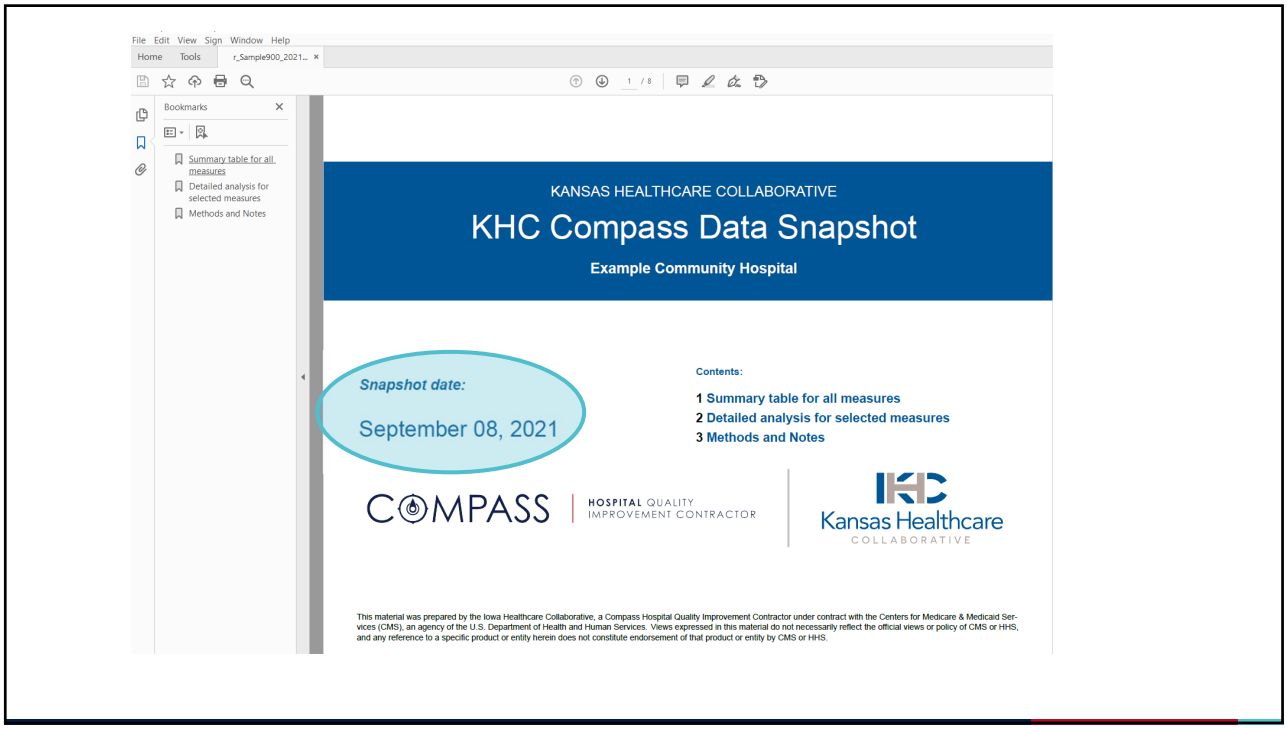
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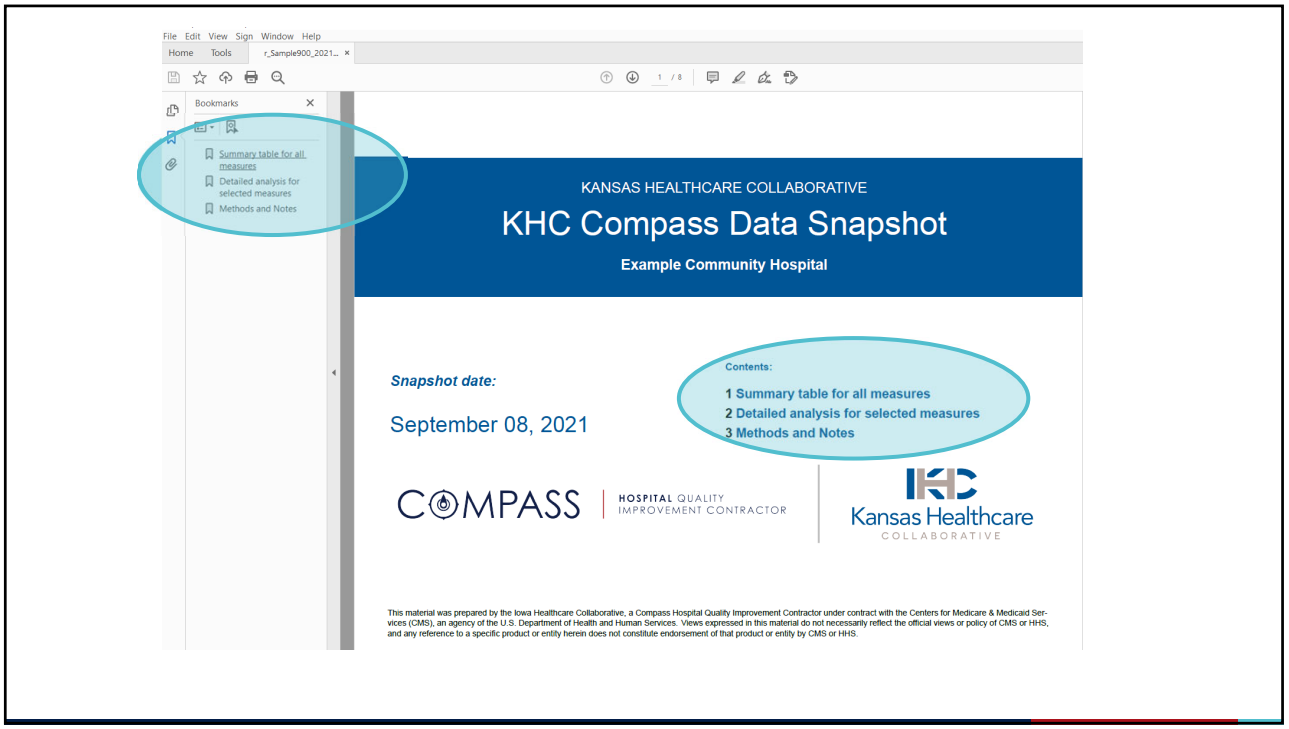
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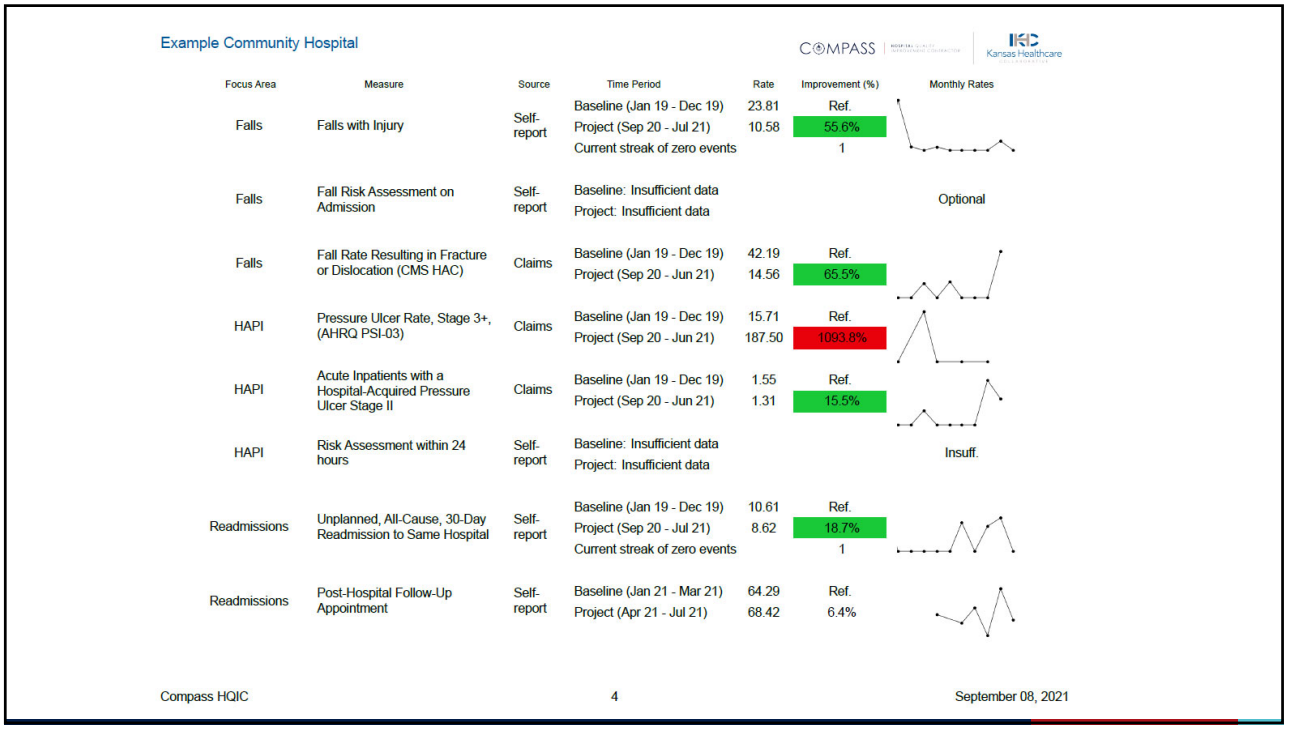
Example Community Hospital
COMPASS
Kansas Healthcare
Focus Area | Measure | Source | Time Period | Rate | Improvement (%) | Monthly Rates
Falls | Falls with Injury | Self-report | Baseline (Jan 19 - Dec 19) 23.81; Project (Sep 20 - Jul 21) 10.58; Current streak of zero events | Ref. 55.6% 1
Falls | Fall Risk Assessment on Admission | Self-report | Baseline: Insufficient data; Project: Insufficient data | Optional
Falls | Fall Rate Resulting in Fracture or Dislocation (CMS HAC) | Claims | Baseline (Jan 19 - Dec 19) 42.19; Project (Sep 20 - Jun 21) 14.56 | Ref. 65.5%
HAPI | Pressure Ulcer Rate, Stage 3+, (AHRQ PSI-03) | Claims | Baseline (Jan 19 - Dec 19) 15.71; Project (Sep 20 - Jun 21) 187.50 | Ref. 1093.8%
HAPI | Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II | Claims | Baseline (Jan 19 - Dec 19) 1.55; Project (Sep 20 - Jun 21) 1.31 | Ref. 15.5%
HAPI | Risk Assessment within 24 hours | Self-report | Baseline: Insufficient data; Project: Insufficient data | Insuff.
Readmissions | Unplanned, All-Cause, 30-Day Readmission to Same Hospital | Self-report | Baseline (Jan 19 - Dec 19) 10.61; Project (Sep 20 - Jul 21) 8.62; Current streak of zero events | Ref. 18.7% 1
Readmissions | Post-Hospital Follow-Up Appointment | Self-report | Baseline (Jan 21 - Mar 21) 64.29; Project (Apr 21 - Jul 21) 68.42 | Ref. 6.4%
Compass HQIC 4 September 08, 2021

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Example Community Hospital

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Focus Area	Measure	Source	Time Period	Rate	Improvement (%)	Monthly Rates
Falls	Falls with Injury	Self-report	Baseline (Jan 19 - Dec 19)	23.81	Ref.	
			Project (Sep 20 - Jul 21)	10.58	55.6%	
			Current streak of zero events		1	
Falls	Fall Risk Assessment on Admission	Self-report	Baseline: Insufficient data			Optional
			Project: Insufficient data			
Falls	Fall Rate Resulting in Fracture or Dislocation (CMS HAC)	Claims	Baseline (Jan 19 - Dec 19)	42.19	Ref.	
			Project (Sep 20 - Jun 21)	14.56	65.5%	
HAPI	Pressure Ulcer Rate, Stage 3+, (AHRQ PSI-03)	Claims	Baseline (Jan 19 - Dec 19)	15.71	Ref.	
			Project (Sep 20 - Jun 21)	187.50	1093.8%	
HAPI	Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II	Claims	Baseline (Jan 19 - Dec 19)	1.55	Ref.	
			Project (Sep 20 - Jun 21)	1.31	15.5%	
HAPI	Risk Assessment within 24 hours	Self-report	Baseline: Insufficient data			Insuff.
			Project: Insufficient data			
Readmissions	Unplanned, All-Cause, 30-Day Readmission to Same Hospital	Self-report	Baseline (Jan 19 - Dec 19)	10.61	Ref.	
			Project (Sep 20 - Jul 21)	8.62	18.7%	
			Current streak of zero events		1	
Readmissions	Post-Hospital Follow-Up Appointment	Self-report	Baseline (Jan 21 - Mar 21)	64.29	Ref.	
			Project (Apr 21 - Jul 21)	68.42	6.4%	

Compass HQIC 4 September 08, 2021

See the Methods section for how months are selected

The Improvement (%) is calculated as:
Baseline Rate (B) minus Project Rate (P) as a percentage of the baseline rate:

$$\frac{(B-P)}{B}$$

For example:
1. (23.81-10.58) = 13.23
2. 13.23 / 23.81 = **55.6%**
3. Reduction is better for this measure

So: 55.6% improvement!

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Example Community Hospital

COMPASS | Kansas Healthcare

3 Methods and Notes

- Source indicates the where the measure data was taken from. Self-reported measures are keyed into QHi directly and are contained in the KHC Compass HQIC Measure Set. Measures taken from NHSN or administrative claims are also available in QHi and are contained in the KHC Compass HQIC Other Sources Measure Set.
- Baseline rates are taken from calendar year 2019 data, if it is available, or the first 3 months of data during the project period. There must be at least one denominator event during the baseline period and the months must be contiguous. "Insufficient data" indicates that there were not enough data available to establish a baseline.
- The project rate is computed from all months of data occurring after the baseline period. The project began in September, 2020.
- The improvement percentage is the increase or decrease from the baseline rate as a percentage of the baseline ("Ref." for reference rate).
- Target improvement percentages:
  - Decrease opioid prescribing in hospitals by 12
  - Decrease opioid-related adverse events by 7
  - Reduce all-cause patient harm by 9
  - Reduce ADEs (not including opioids) by 13
  - Reduce readmissions by 5
- The improvement percentage takes into account the desired direction (increase or decrease in the rate compared to baseline) of improvement. It is highlighted in green if it meets the measure-specific improvement target, yellow for going in the right direction, and red for going in the wrong direction. Highlight colors are not used for process measures.
- In the detailed analysis for selected measures section, two charts are provided:
  - The time series plot on the left shows your facility's monthly data during the project period along with comparison data from the Kansas Network and from the Compass Network (Compass comparator is not available for readmissions measures), which also includes participating hospitals from other states. If at least 2 data points in a quarter are available, horizontal lines showing the aggregate rate for the quarter are also plotted and labelled with the quarterly rate.
  - The peer comparison plot on the right shows your facility's data in orange with a line connecting the baseline rate point and the project rate point. In purple, the baseline and project rates for every other participating Kansas facility are plotted to help demonstrate the variability in rates across the Compass network in Kansas.

Green, Yellow and Red stoplight coloring is based on the target Improvement percentages.

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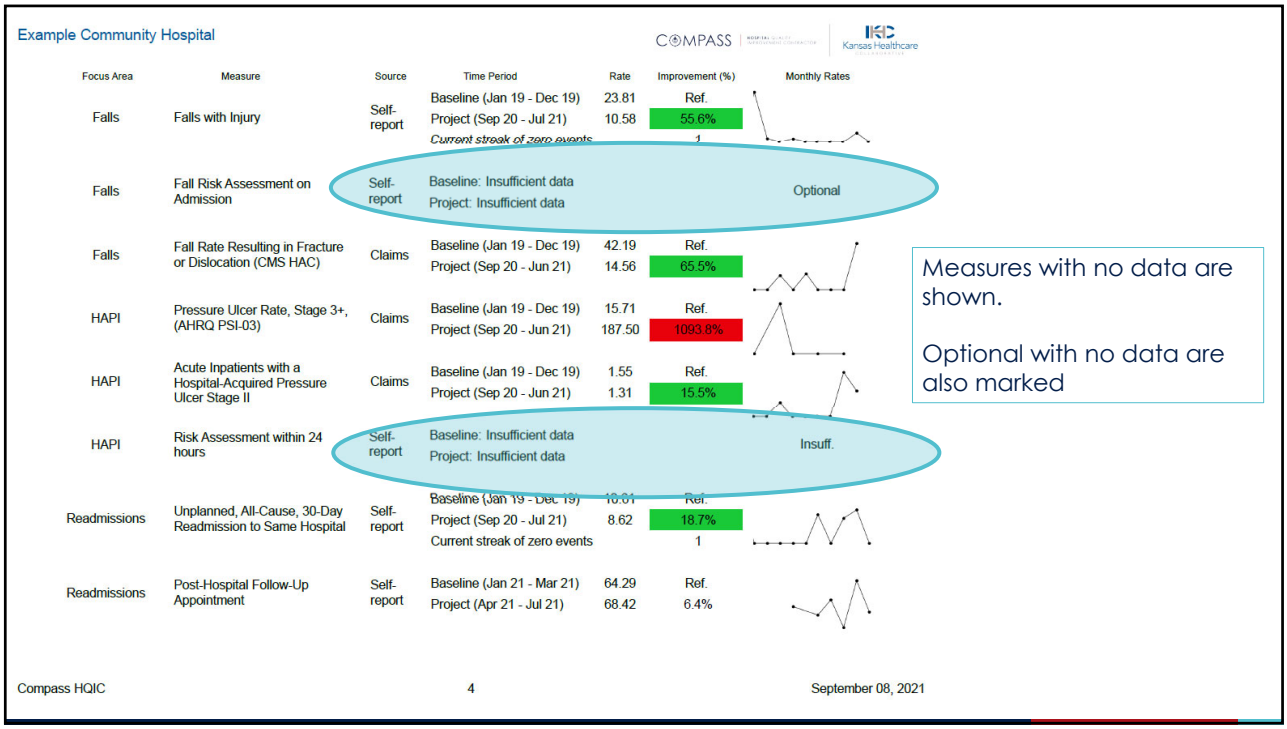

Measures with no data are shown.

Optional with no data are also marked

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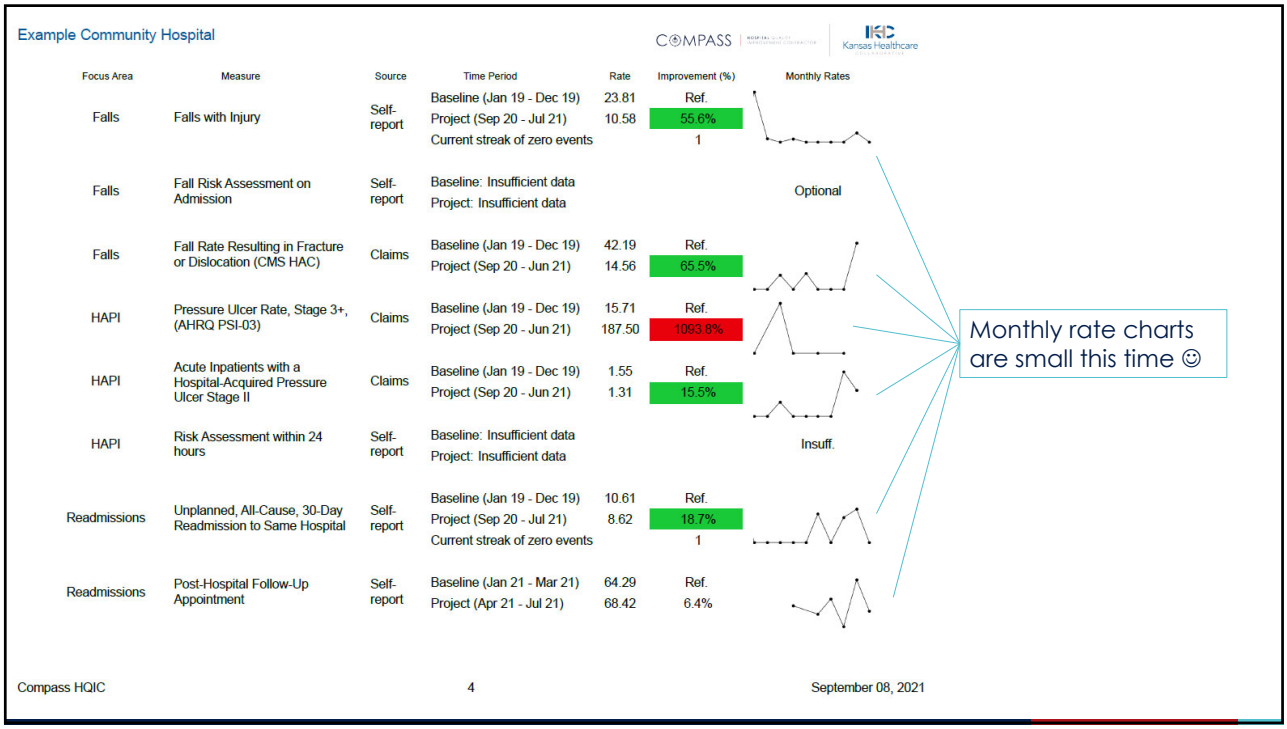

Monthly rate charts are small this time ☺

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Example Community Hospital

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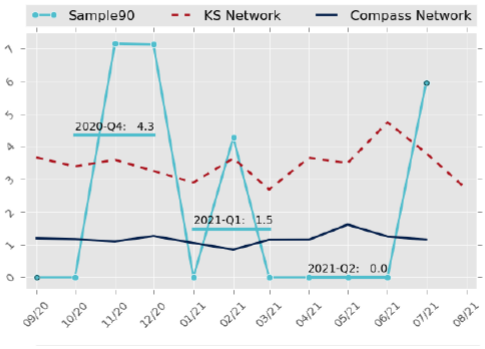
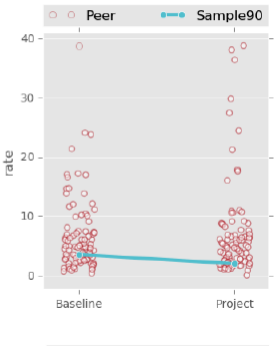
Falls with Injury

Units	per 1,000 pt. days
Data Source	Self-report
Direction	Reduction is better

Current Status for Sample90

Baseline (Jan 19 - Dec 19)	3.51
Project (Sep 20 - Jul 21)	1.99
Improvement	43.4%





Selected Measures

This month we did 4 measures.

Measure info.

Current status for your facility.

Monthly rates for:

- Your facility
- Kansas Network
- Overall Compass Network

Quarterly rate labels

Peer Comparison

Each red circle is a Kansas HQIC participant

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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 October 7-8.

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

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QHi Training Session

MyQHi.org

Date: Thursday, October 7
Time: 1:00 – 2:00 CT

Here is the link to register: https://cc.readytalk.com/r/bb3f7hib9wgu&eom

- Adding New Users
- Select Measures
- Entering and Importing Data
- Running Reports

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION

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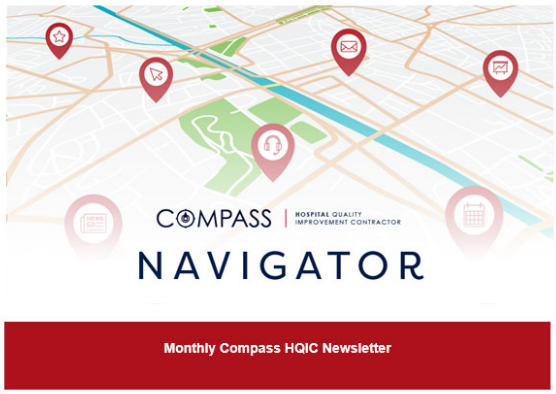
Watch your email for Compass Navigator – Oct. 1



Compass HQIC Network

- Updated measure set
- Updated toolkit
- Updated FAQs
- Announcing Compass Hours Oct. 7 at 2:00 p.m.
- Other news and resources

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Highlights of Compass Measure Set Updates

Requirement Type	Key
Required, self-reported	RS
Required, comes from other data sources	RO
Optional, self-reported	OS

Measure Type	Key
Outcome	O
Process	P

Compass Measure Set
State: Kansas

Data Sources	Key
Self-Reported	*
Administrative Claims	**
NHSN	***

Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
Adverse Drug Events For adults age 18+					
ADE Overall					
RO	Adverse Drug Events Originating During Hospital Stay	O	Number of coded Acute Care adverse drug events that cause harm (NCC MERP Scale categories E-I)	Number of Acute Care, SNF and Swing Bed discharges	**
OS	Adverse Drug Event Rate	O	Number of Acute Care, SNF, Swing Bed and Observation adverse drug events that reach the patient (NCC MERP Scale categories D-I)	Number of Acute Care, SNF, Swing Bed and Observation patient days	*
Opioid Safety					
RO	Opioid-Related Adverse Drug Event Rate	O	Number of patients with non-POA secondary ICD10 code(s) for opioid-related adverse drug event	Number of discharges for Acute Care patients, ≥ 18 y/o	**
RO	Opioid Mortality	O	Number of opioid-related deaths (include opioid toxicity in a primary or secondary diagnosis)	Number of discharges for Acute Care patients, ≥ 18 y/o	**
OS	Stat Naloxone Administration – Emergency Department	O	Number of doses a reversal agent (e.g., Naloxone) is administered to a patient in the Emergency Department	Number of Emergency Department visits	*
OS	Stat Naloxone 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 opioids	*
RS	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	*
Glycemic Management					
OS	Blood Glucose Less Than 50	O	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	*
RO	Manifestations of Poor Glycemic Control	O	Number of patients with ICD10 diagnosis code for poor glycemic control	Number of discharges for Acute Care patients, ≥ 18 y/o	**

To be released October 1.

Updates include:

- Retired 6 measures from Compass measure set
- Changed 3 ADE measures from "required" to "optional"
- Added 3 new claims-based measures (ADE)
- Added MRSA Bacteremia Rate (NHSN) and High-Dose Opioid Prescribing (QHi) to "required"

Join Compass Office Hours on Oct. 7 at 2 pm. Visit with your QIA with any questions.

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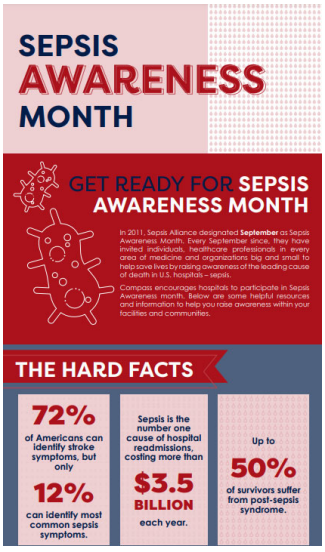
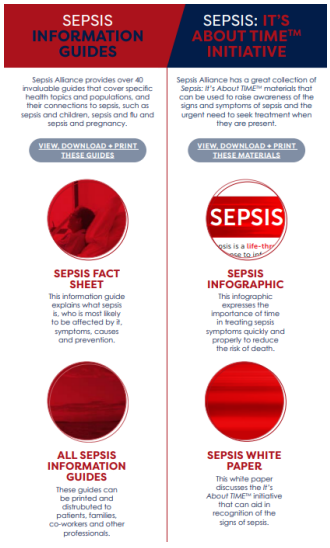


Compass Sepsis Awareness Month Infographic



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Incase you Missed it

Watch on demand- Links/Fliers are in handouts

8.24.2021 Exploring Sepsis Strategies Part 1- *Early Identification, Patient and Family Engagement and Disparities in Care*

9.14.2021 Decreasing Sepsis Mortality through Bundle Compliance

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Upcoming Events

Wednesday, September 22, 2021

HQIC Large Hospital Affinity Group:
Breaking Through Silos and Plateaus

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.

Click Here to Register

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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 prior to discharge in accordance with the risk assessment. During the hour-long live webinar readmission risk assessment tools will be explored. In addition, 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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Upcoming HQIC learning events

Watch for more upcoming events in the Compass Navigator delivered to your inbox on the 1st of each month.

+ Readmission Risk Assessment Review

  September 28 11:00-12:00pm CDT

+ Exploring Sepsis Strategies – Part 2 | Care Coordination and Preventing Sepsis Related Readmissions

  September 30 1:00-2:00 CDT

+ Compass HQIC Network Meeting: Compass Office Hours Call

  October 7 2:00-3:00pm CDT

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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.

- 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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Community of Immunity

Thursday, September 23, 2021

11:30 a.m. CT

As flu season is approaching and COVID-19 is continuing, join us next week to hear how Neosho Memorial Regional Medical Center in Kansas creatively worked together to boost their community's collective COVID-19 immunity through increased vaccines.

Register for the September 23 HQIN MedsMatter!

Conversation Series:

A Community of Immunity.

https://hqin-org.zoom.us/webinar/register/WN_CCXCjdz4RDOZicsXfgVNmQ

HQIN Health Quality Innovation Network

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Upcoming Events September 28 1:00 – 2:00 p.m.

Webinar: Innovations in Inpatient Treatment for Tobacco Dependence

Kimber Richter, PhD with the University of Kansas School of Medicine, and international expert in hospital-based tobacco treatment, will describe protocols and outcomes of the UKanQuit program at the University of Kansas Hospital. Dr. Richter will present methods for providing brief inpatient tobacco treatment and referring patients at discharge for ongoing treatment in the community.

She will also describe best practices for psychiatric facilities and the innovative telemedicine groups that UKanQuit delivers to the new psychiatric facility at Strawberry Hill in Kansas City, Kansas.

This presentation is free for all. Especially welcome are staff from community hospitals and other inpatient treatment facilities, including the State Mental Health Hospitals and State Institution Alternatives, Nursing Facilities for Mental Health, private psychiatric and addiction treatment facilities, inpatient VA health care facilities, and Psychiatric Residential Treatment Facilities.

The UKanQuit program can be adapted for implementation in your facility.

Click here to sign-up to receive a calendar invitation for the September 28th webinar.

Questions may be directed to cessation@namikansas.org.

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Kansas Cancer Prevention – Town Hall Meeting

To learn more about the Kansas Cancer Prevention and Control Plan for 2022-2026

Register in advance for this meeting

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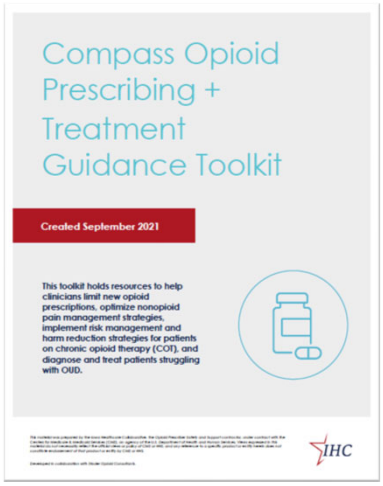
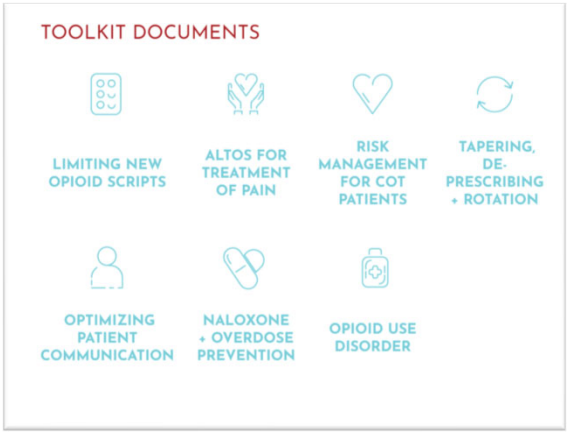
Compass Opioid Prescribing + Treatment Guidance Toolkit

https://www.ihconline.org/opioid-prescribing-and-treatment-guidance-toolkit?preview=true





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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 and timely
- Log into iCompass Forum and iCompass Academy to engage and learn.
- Watch your inbox for the Compass Navigator on October 1st.

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Have Questions, Need Help?

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Questions?

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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-09-22-2021

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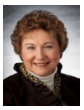
Connect with us on:

- KHCqi
- @KHCqi
- KHCqi



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Quality Improvement Advisor

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Quality Improvement Advisor

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

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Readmission Risk Assessment Review Webinar

September 28, 2021
11:00 AM - 12:00 PM (CDT)

Overview

Join the Compass HQIC team for a general review of the Compass Readmission Measures. During the hour-long live webinar, readmission risk assessment tools will be explored and Compass HQIC partner hospitals will share how they have successfully implemented a readmission risk assessment.

Continued Education

1.0 nursing contact hours will be awarded on September 28 for this virtual event by the Iowa Hospital Association, Iowa Board of Nursing Provider No. 4. Iowa nursing contact hours will not be issued unless your Iowa license number was provided at registration. For nursing contact hours to be offered, you must log in individually, your webinar sign-in and sign-out times will be verified. Partial credit will not be granted. Attendees outside Iowa should check with their state Board of Nursing for nursing continuing education requirements.

Register

https://us06web.zoom.us/webinar/register/WN_qL1VGSLyT3ClqRb7ltE8SA (Link)

Objectives

1. Review readmissions measures and progress to date in the Compass HQIC network
2. Identify and describe risk assessment tools that can help improve care transitions and reduce readmissions
3. Examine strategies peer hospitals have employed to implement a risk assessment in the discharge planning process

Readmission Risk Assessment Review Webinar

Event Speakers

Lana Comstock

Lana Comstock is a clinical improvement consultant for the hospital quality initiatives team at Iowa Healthcare Collaborative. She received her master's degree in science of nursing education, is a Certified Public Manager, a Certified Professional in Healthcare Quality and has LEAN yellow belt certification.

Erin McGuire

Erin McGuire is a Quality Improvement Advisor at Kanasas Healthcare Collaborative (KHC). Her background includes managing and leading programs and quality initiatives. McGuire graduated from Northern Michigan University in 2002 with a bachelor's degree in communication disorders, speech and hearing science.

Loretta Bryan

Loretta recently joined SDAHO as a clinical improvement consultant. She has been a registered nurse for more than 20 years, with experience in long-term care, home health, clinic and acute-care hospital. She graduated from the University of South Dakota with her associate degree in nursing in 1997. She received her bachelor's degree in nursing from South Dakota State University in 2000.

COMPASS | HOSPITAL QUALITY IMPROVEMENT CONTRACTOR

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ALLIANT QUALITY | COMPASS | IPRO HQIC | Healthcentric Advisors ■ Qlarant ■ Kentucky Hospital Association ■ Q3 Health Innovation Partners ■ Superior Health Quality Alliance | Telligen QI Connect™

Exploring Sepsis Strategies-Part 2: Care Coordination & Preventing Sepsis-Related Readmissions

September 30, 2021

11:00 - 12:00 PM PT

12:00-1:00 PM MT

1:00-2:00 PM CT

2:00-3:00 PM ET

Register

Speakers

Lisa Bromfield, MSN RN
COVID-SNF Grant
Resource Nurse Liaison
Frederick Health
Fredrick, MD
IPRO HQIC

Jackie Dinterman, M.A., LBSW, ACM
Director of Care Management
Frederick Health Hospital
Fredrick, MD
IPRO HQIC

Join the Telligen, IPRO, Alliant Quality, and IHC-Compass HQICs for the second installment of a dynamic two-part webinar series featuring proactive strategies and tools for preventing all-cause harm related to sepsis and readmissions. Part 2 will focus on using effective care coordination and hand-off strategies to the next level of care provider to prevent sepsis-related readmissions. The presentation will also cover key infection prevention education for sepsis patients and families at discharge.

Learning Objectives

- Hear about successful strategies for partnering with skilled nursing facilities to prevent sepsis-related hospital readmissions
- Discuss challenges brought on by COVID-19 that affect care coordination and handoff to the next level of care
- Learn about project plans for overcoming current barriers to reducing sepsis readmissions

Who should attend?

- Nurses, Emergency Department Staff, Infection Preventionists, Pharmacy Staff, Clinical Leaders, Physicians, Care Coordinators, and Quality Professionals

Missed Exploring Sepsis Strategies Part 1? Watch the recording.

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

SAVE THE DATE

Compass

Office Hours Call

October 7, 2:00 PM (CDT)

During this call, the Compass Team will review updates, provide clarifications and answer hospital questions regarding the Compass HQIC measure set annual updates that are to be released October 1.

You can join the call with the button below.

Join the Call

https://us06web.zoom.us/j/86434314164?pwd=UzJOVU84WXJPWEZXM051N01DcFBNQT09 (Link)

COMPASS | HOSPITAL QUALITY IMPROVEMENT CONTRACTOR

Virtual

Kansas Cancer Prevention and Control Plan 2022-2026

Town Hall Meeting | Sept. 30, 2021 at Noon CT

Register in advance for this meeting:
us02web.zoom.us/meeting/register/tZAqd-qvrzouGtFAwlVU5ikyWHtxzn0Jdtot

Your voice is needed. **Please join us and share your input and feedback on how we can work together to reduce the impact of cancer in Kansas.**

AD ASTRA PER ASPERA
Kansas
Department of Health and Environment