KHC Hospital Improvement Innovation Network

November 28, 2018
10 to 11 a.m. CT

HIIN Goals:
By September 2018, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.

Kansas Healthcare Collaborative

623 SW 10th Ave. ● Topeka, KS 66612 ● (785) 235-0763 ● www.khconline.org

KANSAS MEDICAL SOCIETY Established 1895

KHA

American Hospital Association

HRET

KHC HIIN – November 28, 2018

Agenda

- Welcome and Announcements
- Highlights of 2017-18 KHC Hospital Healthcare Personnel Influenza Immunization Survey
- HIIN Data Update
- Summary of Quarterly HIIN Activities Survey responses
- ***Accelerating Progress on Disparities***
- HIIN Resources and Upcoming Events

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Introductions

Special Guest

Kristin Preihs
MPH, CQIA, CHES
Senior Program Manager
AHA Center for Health Innovation

Kansas Healthcare Collaborative

Michele Clark
Program Director
mclark@khconline.org

Eric Cook-Wiens
Data and Measurement Director
ecook-wiens@khconline.org

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Announcements

KHC welcomes a new addition to our team!

Treva Borcher
Project Specialist
Desk: (785) 231-1338
tborcher@khconline.org

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Announcements

November 12-18
#UseAntibioticsWisely Week
Thanks to all who participated!

Shawnee County Health Department, Topeka

LMH Health, Lawrence

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Announcements

November 12-18
#UseAntibioticsWisely Week
Thanks to all who participated!

Republic County Hospital, Belleville

Sabetha Community Hospital, Sabetha

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Announcements

November 12-18
#UseAntibioticsWisely Week
Thanks to all who participated!

Allen County Regional Hospital, Iola

Kansas Partners in Pediatrics, Topeka

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Announcements

#UseAntibioticsWisely Week
Thanks to all who participated!

Holy Family Medical Associates, Wichita

Dr. Bradley Barret, Neodesha

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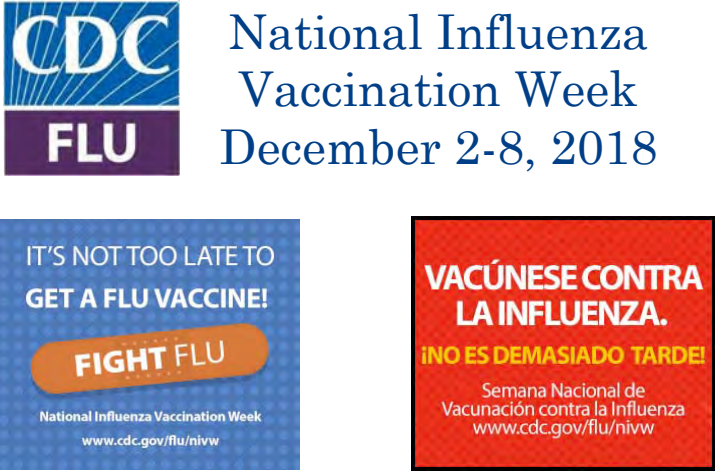
National Influenza Vaccination Week December 2-8, 2018

IT'S NOT TOO LATE TO GET A FLU VACCINE! FIGHT FLU
National Influenza Vaccination Week
www.cdc.gov/flu/nivw

VACÚNESE CONTRA LA INFLUENZA. ¡NO ES DEMASIADO TARDE!
Semana Nacional de Vacunación contra la Influenza
www.cdc.gov/flu/nivw

https://www.cdc.gov/flu/resource-center/nivw/

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10th Annual Hospital HCP Influenza Vaccination Survey

Health Care Personnel (HCP) Influenza Vaccination

- **10th Annual KHC Hospital Survey**
- Aligned with NHSN since 2014/2015
- Online Toolkit at KHConline.org
- Press Release
  https://www.khconline.org/immunizations

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10th Annual Hospital HCP Influenza Vaccination Survey

Hospital Personnel Influenza Vaccination
KHC Annual Survey, 2008-2018

Kansas HCP Influenza Vaccination

2008-09	64%
2009-10	76%
2010-11	78%
2011-12	83%
2012-13	87%
2013-14	89%
2014-15	91.0%
2015-16	92.3%
2016-17	93.6%
2017-18	93.9%

*The break after 2013-14 reflects a change in the scope of the survey. In 2008-09 to 2013-14, the survey included employees only. Since 2014-15 the scope now includes employees, licensed professionals, students, volunteers, and contractors.

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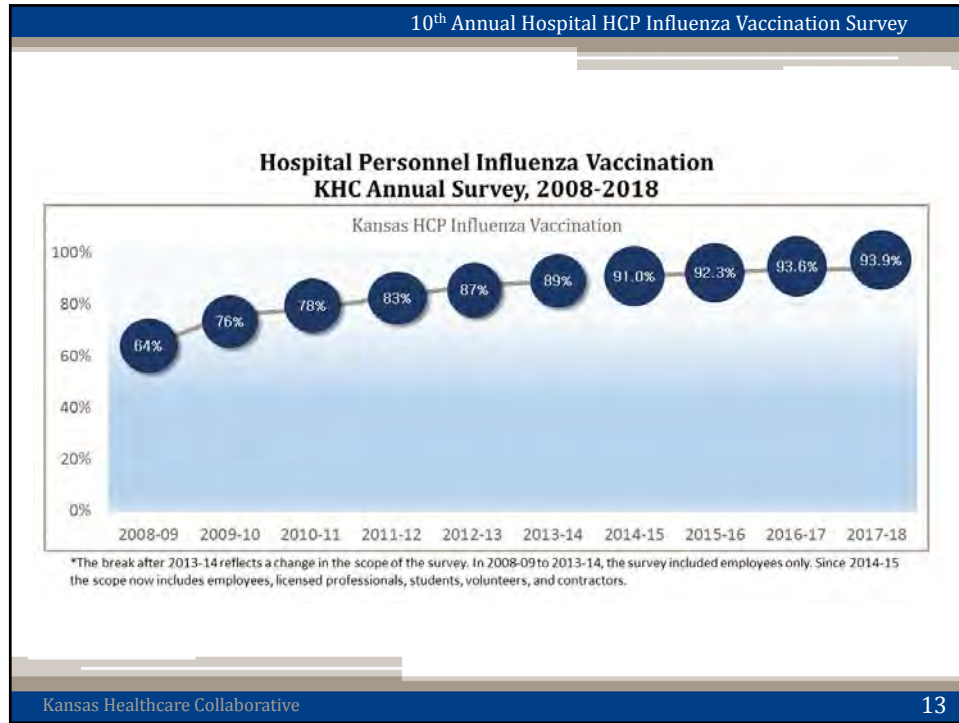
10th Annual Hospital HCP Influenza Vaccination Survey

HCP Influenza Vaccination Survey

	Number of CAH Facilities	CAH Rate	Number of ACU Facilities	ACU Rate	Overall Rates
2014-2015	81	81.8%	56	93.5%	91.0%
2015-2016	73	81.7%	46	94.4%	92.3%
2016-2017	78	86.2%	50	95.7%	93.6%
2017-2018	84	89.2%	53	94.9%	93.9%

Facilities with >= 95% vaccination rate → 47

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Among the 47 Facilities Achieving 95%

- 46 (98%) send vaccination reminders by mail, e-mail, and/or pager (78% overall)
- 42 (89%) provide vaccination on-site through employee health (74% overall)
- 30 (64%) have mobile vaccination carts (52% overall)
- 26 (55%) provide vaccination at any meetings or on grand rounds (43% overall)

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Vaccination required as a condition of employment

Condition of Employment Policy	Number of Facilities (n)	Employee	LIP	Student/ Volunteers	Contractors
Required	64	98.3%	88. 9%	94.7%	91.9%
Not Yet Required	7	95.0%	84.5%	90.4%	92.8%
Not Required	66	89.6%	65.7%	94.9%	90.6%

LIP: Licensed Independent Practitioner

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Vaccination required as a condition of employment

Condition of Employment Policy	Number of Facilities (n)	Employee	LIP	Student/ Volunteers	Contractors
Required	64	98.3%	88.9%	94.7%	91.9%
Not Required	66	89.6%	65.7%	94.9%	90.6%
Not yet	7	95.0%	84.5%	90.4%	92.8%

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KHC HIIN
Data Update

- Status Update
- Data submission schedule

Eric Cook-Wiens
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Data and Measurement Director
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KHC HIIN – August 22, 2018   18

Status Update

- Monthly Reports
  - Data Analytic reports ONLY
  - Final reports next Monday, 12/3/2018
- Baseline updates still not official
- Reviewing reporting needs for HIIN extension
- Measure updates not yet implemented

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Baseline Updates (not finalized)

Measure	Old Baseline	New Baseline
NHSN SIR Measures	Jan-Sept 2015	CY2015
CLIP: ICU + Other inpatient	Jan-Sept 2015	CY2015
Falls With Injury	CY2014	FFY2016
Stage III or greater HAPU	CY2014	FFY2016
Postoperative Sepsis	CY2014	FFY2016
VAC Rate - All Units (CDC NHSN)	CY2014	CY2015
IVAC Rate - All Units (CDC NHSN)	CY2014	CY2015
Post-Op PE or DVT Rate	CY2014	FFY2016
Facility-wide C. difficile Rate	CY2014	CY2015
Harm Events Related to Patient Handling	CY2014	4Q 2016 (Oct 1 - Dec 31 2016)
Hospital-Onset MRSA Rate	CY2014	CY2015
MRSA SIR	CY2014	CY2015

FFY (Federal Fiscal Year) begins October 1.

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Current Status: Harms per 1,000 Discharges

HRET HIIN Improvement Calculator v5.4 on 11/21/2018

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Preliminary Results

KHC HIIN Progress to date

Improvement Project-to-Date

HRET HIIN Improvement Calculator v6.0 on 11/21/2018

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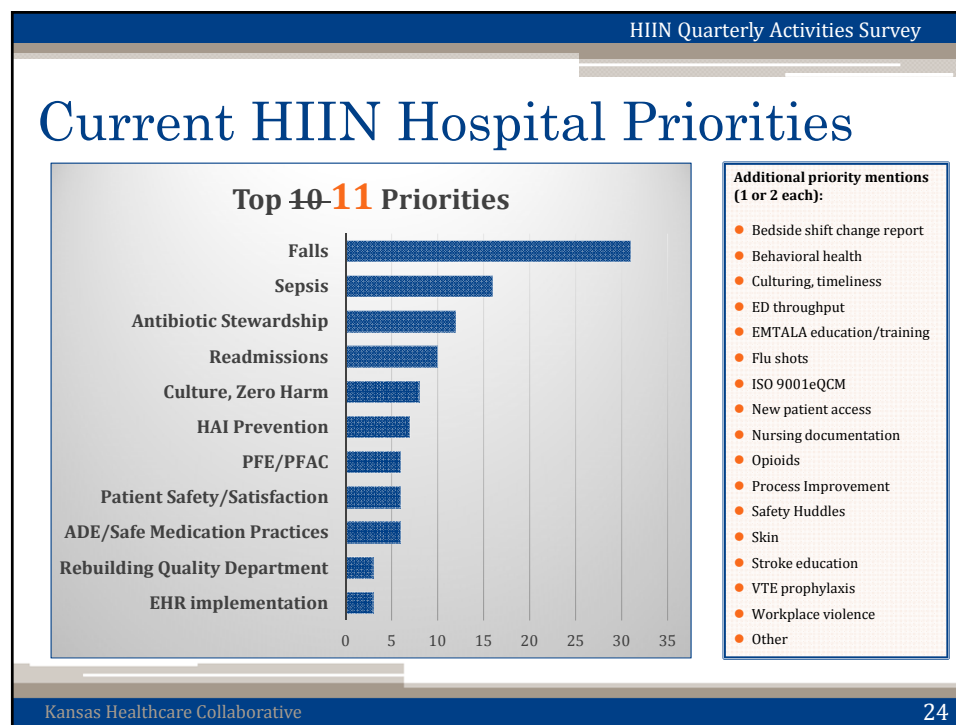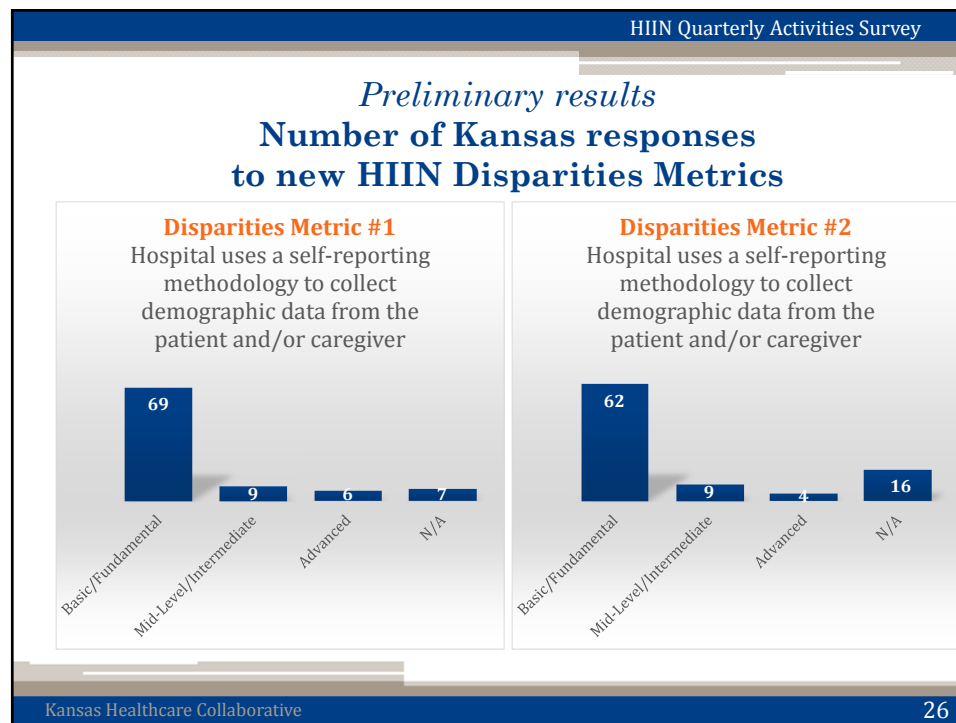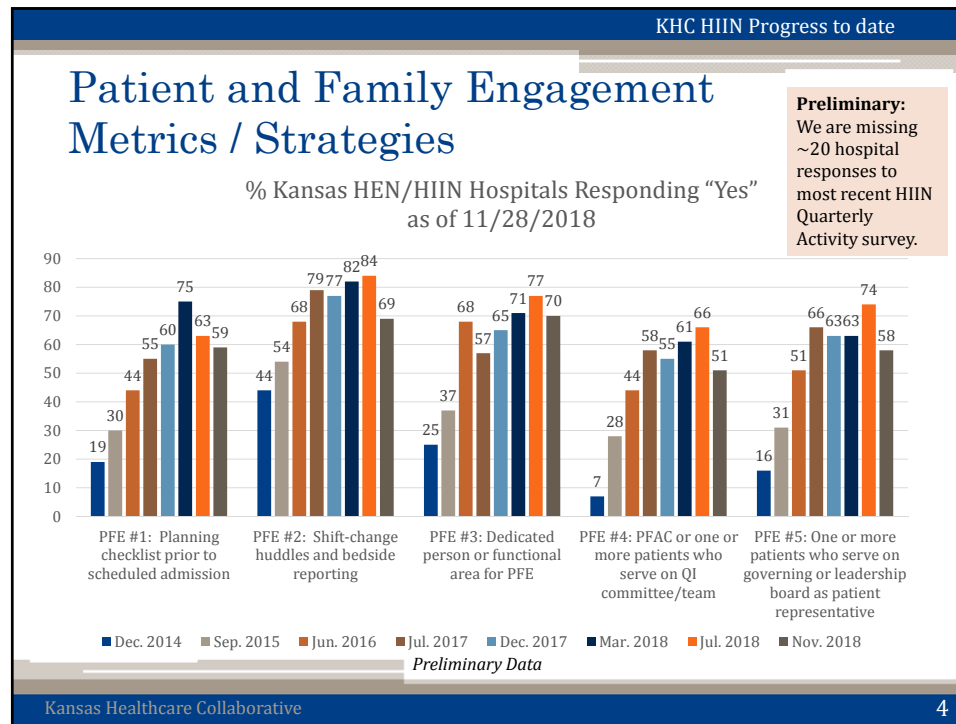
KHC HIIN – September 26, 2018

22
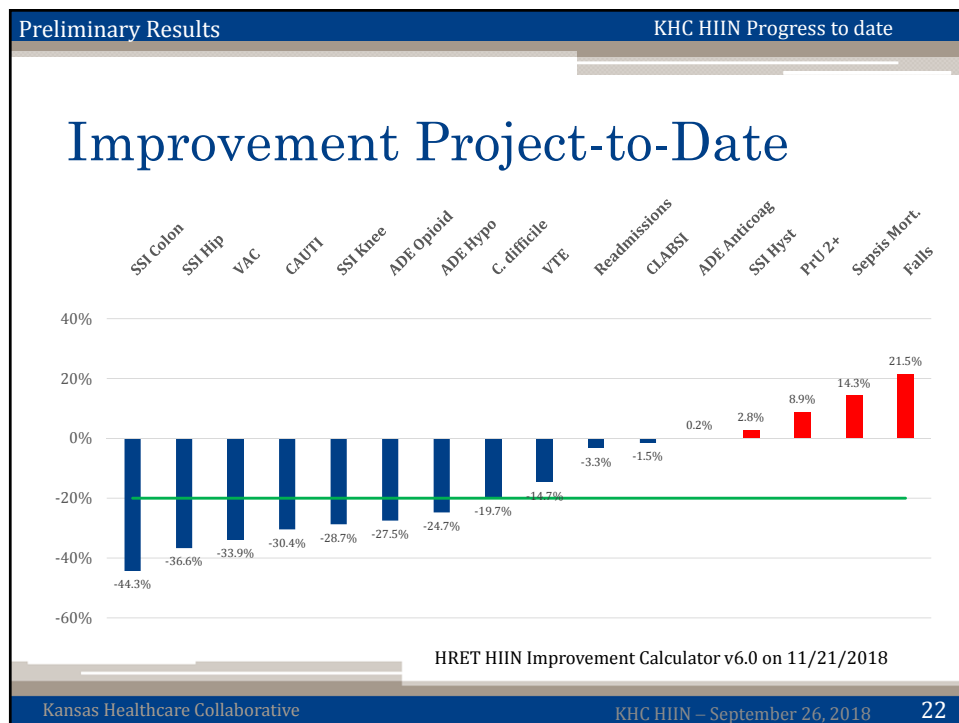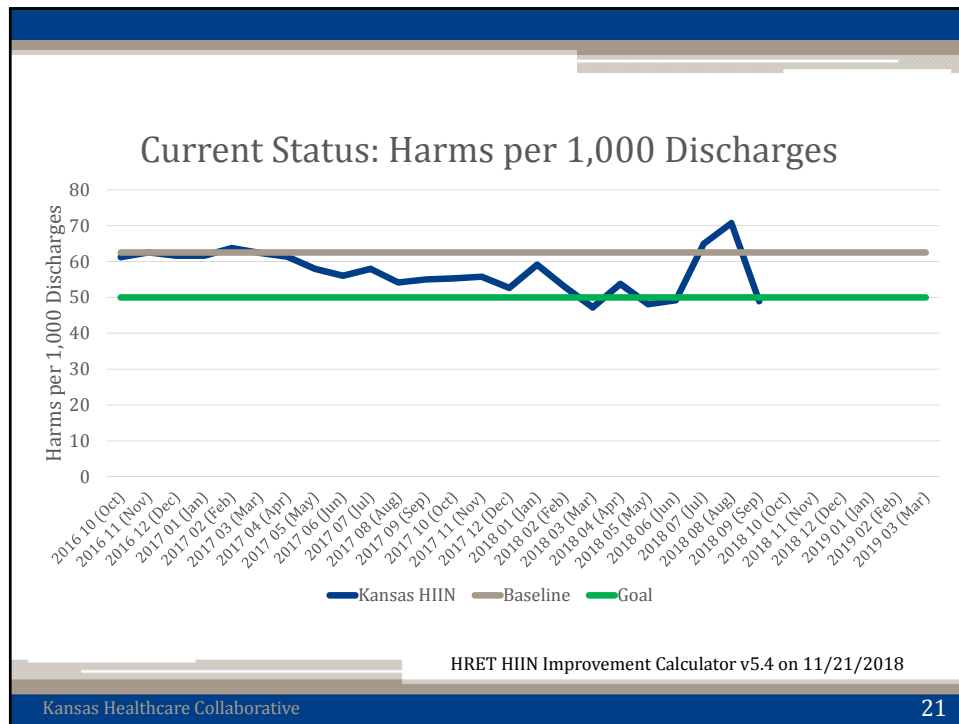
HIIN Data Schedule

Kansas HIIN
Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
March, 2018	February, 2018	30-Apr-18
April, 2018	March, 2018	31-May-18
May, 2018	April, 2018	30-Jun-18
June, 2018	May, 2018	31-Jul-18
July, 2018	June, 2018	31-Aug-18
August, 2018	July, 2018	September 30, 2018
September, 2018	August, 2018	October, 2018
October, 2018	September, 2018	**November, 2018**
November, 2018	October, 2018	December, 2018
December, 2018	November, 2018	January, 2019
January, 2019	December, 2018	February, 2019
February, 2019	January, 2019	March, 2019

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KHC HIIN – August 22, 2018   23

HIIN Quarterly Activities Survey

Current HIIN Hospital Priorities

Top 10 **11** Priorities

- Falls
- Sepsis
- Antibiotic Stewardship
- Readmissions
- Culture, Zero Harm
- HAI Prevention
- PFE/PFAC
- Patient Safety/Satisfaction
- ADE/Safe Medication Practices
- Rebuilding Quality Department
- EHR implementation

0 5 10 15 20 25 30 35

Additional priority mentions (1 or 2 each):

- Bedside shift change report
- Behavioral health
- Culturing, timeliness
- ED throughput
- EMTALA education/training
- Flu shots
- ISO 9001eQCM
- New patient access
- Nursing documentation
- Opioids
- Process Improvement
- Safety Huddles
- Skin
- Stroke education
- VTE prophylaxis
- Workplace violence
- Other

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Patient and Family Engagement Metrics / Strategies

% Kansas HEN/HIIN Hospitals Responding "Yes" as of 11/28/2018

Preliminary: We are missing ~20 hospital responses to most recent HIIN Quarterly Activity survey.

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HIIN Quarterly Activities Survey

Preliminary results
Number of Kansas responses to new HIIN Disparities Metrics

Disparities Metric #1
Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver

Disparities Metric #2
Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver

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HIIN Quarterly Activities Survey

Preliminary results
**Number of Kansas responses
to new HIIN Disparities Metrics**

Disparities Metric #3
Hospital verifies the accuracy and completeness of patient self-reported demographic data

- Basic/Fundamental: 48
- Mid-Level/Intermediate: 10
- Advanced: 4
- N/A: 28

Disparities Metric #4
Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data

- Basic/Fundamental: 35
- Mid-Level/Intermediate: 9
- Advanced: 3
- N/A: 38

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HIIN Quarterly Activities Survey

Preliminary results
**Number of Kansas responses
to new HIIN Disparities Metrics**

Disparities Metric #5
Hospital uses a reporting mechanism (eg, equity dashboard) to communicate outcomes for various patient populations

- Basic/Fundamental: 32
- Mid-Level/Intermediate: 5
- Advanced: 6
- N/A: 42

Disparities Metric #6
Hospital implements interventions to resolve differences in patient populations

- Basic/Fundamental: 37
- Mid-Level/Intermediate: 4
- Advanced: 4
- N/A: 40

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HIIN Quarterly Activities Survey

Preliminary results
Number of Kansas responses to new HIIN Disparities Metrics

Disparities Metric #7
Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all pt populations

Basic/Fundamental	Mid-Level/Intermediate	Advanced	N/A
48	7	4	26

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Accelerating Progress on Disparities

Kristin Preihs, MPH, CQIA, CHES
Senior Program Manager

Poll: How much of a priority is health equity within your hospital or health system?

- A) Essential
- B) High
- C) Somewhat
- D) Low
- E) Not a Priority

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Kansas Roadshow 2017

- Readmissions Reduction- Pat Teske
- Equity of Care & Unconscious Bias- Dr. Deb Ashton

Participants will be able to:
- Appraise how to reduce health care disparities
- Evaluate the drivers of disparities across various demographics and how hospitals can address disparities, including through partnering across the continuum of care and in the community
- Assess the drivers of health equities that may impact HCAPS scores
- Distinguish how to recognize and address unconscious bias in health care

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Consumers want more collaboration between their community, their providers, payers, and employers

How important is it that the following have partnerships with organizations in your local community to help you more effectively manage your health or the health of a loved one?

Doctor or hospital

72%
28%

Insurance company

72%
28%

Employer

59%
41%

Important   Unimportant
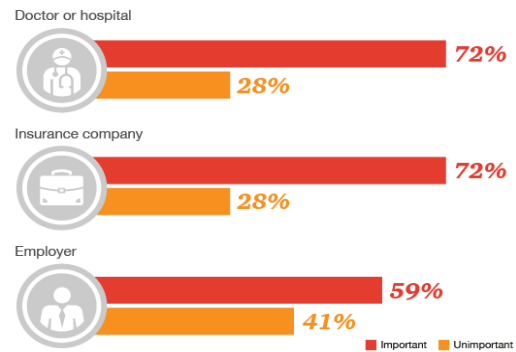
Source: PwC Health Research Institute Consumer Survey, 2017

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Impact of Social Determinants of Health

40%
10%
30%
20%

Socioeconomic Factors
Physical Environment
Health Behaviors
Health Care
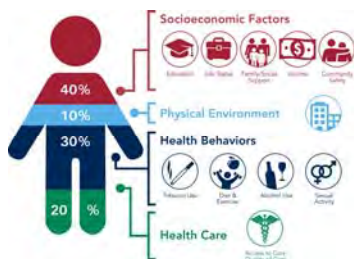
- **20%** of person's health and well-being is related to **access** a **to care** and **quality of services**
- The **physical environment, social determinants** and **behavioral factors** drive **80%** of health outcomes

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

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Social Determinants of Health

Housing   Food   Education   Transportation

Violence   Social Support   Employment   Health Behaviors

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National Current State

Description	Rate
Does the hospital collect information about RACE from patients in a standardized way through the use of trained registrars?	96%
Does the hospital collect information about ETHNICITY from patients in a standardized way through the use of trained registrars?	95%
Does the hospital collect information about LANGUAGE preference from patients in a standardized way through the use of trained registrars?	95%
Is the hospital able to report race and ethnicity according to the standardized Federal Office of Management and Budget (OMB) categories?	87%
Does your hospital use data to routinely (at least on an annual basis) establish goals in the reduction of racial and ethnic disparities (e.g., improve clinical quality indicators, CMS core measures, readmissions, etc.)?	36%
Does your hospital use data to routinely (at least on an annual basis) identify gaps in care by race and ethnicity (e.g., improve clinical quality indicators, CMS core measures, readmissions, etc.)?	33%
Does your hospital use targeted interventions to reduce disparities?	41%
Does your hospital's strategic plan include goals for improving quality, safety of care for diverse individuals?	53%
Does your hospital stratify quality measure data (e.g. readmissions, CMS core measures, etc.) by race, ethnicity, language reference or other socio-demographic variables (such as income, disability status, veteran status, sexual orientation and gender identity) to identify disparities in treatments or outcomes?	29%
Does your hospital use stratified quality measure data (as described above) to address disparities in treatments or outcomes?	30%

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Metric Creation- HIIN Affinity Groups & CMS Office of Minority Health

- Data Collection (2 Items)
- Data Validation (1 Item)
- Data Stratification (1 Item)
- Communication Findings (1 Item)
- Addressing Gaps in Care (1 Item)
- Organizational Infrastructure and Culture (1 Item)

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HIIN Health Equity Metrics   *NEW*

Health and Disparities Metrics
Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
Hospital provides workforce training regarding the collection of self-reported patient demographic data.
Hospital verifies the accuracy and completeness of patient self-reported demographic data.
Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
Hospital implements interventions to resolve differences in patient outcomes.
Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

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Levels of Implementation

- Intent of the Metric

- Level of Hospital Implementation:
- Basic/Fundamental
- Mid-Level/Intermediate
- Advanced
- N/A

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Metric # 1

- Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.

Basic/Fundamental

Hospital uses self-reporting methodology to collect race, ethnicity and language Race, Ethnicity, Age and Language (REAL) data for all patients.

All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and shoul be collected in separate fields. Engage Patient/Famil Advisors in the collection of REAL data to gain their insights and feedback.

Mid-Level/Intermediate

Hospital meets the above basic/fundamental level of implementation **plus:**

Hospital collects REAL data for at least 95% of their patients with opportunity for verification at **multiple points of care (beyond just registration)** to ensure accuracy of the data and to prevent any missed opportunities for data collection (e.g., pre-registration process, registration/admission process, inpatient units etc.). Resource, here.

Not Applicable

Hospital is unable to achieve the metric intent.

Advanced

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus:**

Hospital uses self-reporting methodology to collect **additional demographic data (beyond REAL)** for patients such as disability status, sexual orientation/ gender identity (SOGI), veteran status, geography and/ or other social determinants of health (SDOH) or social risk factors.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

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Metric #2

- Hospital provides workforce training regarding the collection of self-reported patient demographic data.

Basic/Fundamental

Workforce training is provided to staff regarding the collection of **patient self-reported REAL data**.

Examples of training may include: role playing, scripts, didactic, manuals, on-line modules, or other tools/job aids. Patient/Family Advisors should be included in the development and delivery of workforce training to collect REAL data.

Mid-Level/Intermediate

Hospital meets the above basic/fundamental level of implementation **plus**:

Hospital **evaluates the effectiveness** of workforce training on an annual basis to ensure staff demonstrate competency in patient self-reporting data collection methodology (e.g., observations, teach back, post-test, etc.).

Advanced

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus**:

Workforce training is provided to staff regarding the collection of **additional patient self-reported demographic data (beyond REAL)** such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here

Not Applicable

Hospital is unable to achieve the metric intent.

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Poll: Does your hospital provide workforce training on demographic data collection?

- A) Yes, it's a regular part of annual training
- B) Yes, but it's not a regular training
- C) I'm not sure
- D) No

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Metric #3

- Hospital verifies the accuracy and completeness of patient self-reported demographic data.

Basic/Fundamental

Hospital has a standardized process in place to both **evaluate the accuracy and completeness** (percent of fields completed) for **REAL data and** a process to **evaluate and compare** hospital collected REAL data to local demographic community data.

Mid-Level/Intermediate

Hospital meets the above basic/fundamental level of implementation **plus**:

Hospital **addresses any system-level issues** (e.g., changes in patient registration screens/fields, data flow workforce training, etc.) to improve the collection of self-reported REAL data.

Patient/Family Advisors can provide invaluable insights and feedback to address system-level issues regarding the collection of REAL data.

Advanced

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus**:

Hospital has a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) for **additional demographic data (beyond REAL)** such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors — and has a process in place to evaluate and compare hospital collected patient demographic data to local demographic community data.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

Not Applicable

Hospital is unable to achieve the metric intent.

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Metric #4

- Hospital stratifies patient safety, quality and/ or outcome measures using patient demographic data.

Basic/Fundamental

Hospital stratifies **at least one** patient safety, quality and or outcome measure by REAL.

Mid-Level/Intermediate

Hospital meets the above basic/fundamental level of implementation **plus**:

Hospital stratifies **more than one (or many)** patient safety, quality and or outcome measure by REAL.

Advanced

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus**:

Hospital stratifies **more than one (or many)** patient safety, quality and/or outcome measure by REAL and **other demographic data (beyond REAL)** such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

Not Applicable

Hospital is unable to achieve the metric intent.

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Poll: Does your hospital stratify outcome or other quality indicators?

- A) Yes**
- B) No
- C) I'm not sure

**If yes, type in the chat who in your organization stratifies outcome or other quality indicators.

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Metric #5

- Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.

Basic/Fundamental
Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to **hospital senior executive leadership (including medical staff leadership) and the Board.**

Mid-Level/Intermediate
Hospital meets the above basic/fundamental level of implementation **plus:**
Hospital uses a **reporting mechanism** (e.g., equity dashboard) to routinely communicate patient population outcomes **widely within the organization** (e.g., quality staff, front line staff, managers, directors, providers, committees and departments or service lines).

Advanced
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus:**
Hospital uses a **reporting mechanism** (e.g., equity dashboard) to share/communicate patient population outcomes with **patients and families** (e.g., PFAC members) **and/or other community partners or stakeholders.**

Not Applicable
Hospital is unable to achieve the metric intent.

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Metric #6

- Hospital implements interventions to resolve differences in patient outcomes.

Basic/Fundamental

Hospital engages multidisciplinary team(s) to **develop and test pilot interventions** to address identified disparities in patient outcomes.

Multidisciplinary teams can include: diversity & inclusion committee, data/analytics, Patient and Family Advisory Councils (PFACs), patient safety committee, information technology, quality/ performance improvement, patient experience, corporate auditing and finance, etc.

Advanced

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus**:

Hospital has a **process in place for ongoing review, monitoring, recalibrating interventions (as needed)** to ensure changes are sustainable.

Mid-Level/Intermediate

Hospital meets the above basic/fundamental level of implementation **plus**:

Hospital **implements interventions (e.g., redesigns processes, conducts system improvement projects and/or develops new services)** to resolve identified disparities and educates staff/workforce regarding findings.

Not Applicable

Hospital is unable to achieve the metric intent.

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Metric #7

- Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Basic/Fundamental

Hospital has a standardized process to train its workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards).

Training should routinely involve patient and family input (e.g., Patient and Family Advisory Councils (PFACs)) and can include cultural competency/ intelligence regarding racial and ethnic minorities, patients with physical and mental disabilities, veterans, limited English proficient patients, lesbian, gay, bisexual and transgender (LGBT) patients, elderly patients, etc.

Mid-Level/ Intermediate

Hospital meets the above basic/fundamental level of implementation **plus**:

Hospital has named an individual (or individuals) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/ Committee) who engages with clinical champions, patients and families (e.g., Patient and Family Advisory Councils (PFACs)) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations. Note: This doesn't have to be a member of the C-Suite.

Advanced

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation **plus**:

Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and Board of Directors (e.g. mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives). Example: #123forEquity Pledge

Not Applicable

Hospital is unable to achieve the metric intent.

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Milestone Alignment

- Disparities:
  - Milestone 9 = Submission only
  - Milestone 10 = All measures at least at Basic level
  - Milestone 11 = All measures at least at Basic level with two at intermediate level or above

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Health Equity Metric Coaching Guide

Check it out: http://www.hret-hiin.org/Resources/data/18/health-equity-metric-guidance.pdf

HRET HIIN
HEALTH EQUITY
METRIC
GUIDANCE
>>>>>>>>>>

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HRET HIIN, ACHI & IFD Health Disparity Support

- **Thursday, December 6, 2018** 1-2 pm CT
Pathway to Population Health: A Framework for Improvement
Register here

- **Tuesday, December 11, 2018** 12-1 pm CT
The Power of the Patient: The Path from Engagement to Equity
Register here

- **Wednesday, December 19, 2018** 12:30-1:30 pm CT
Measuring What Works to Achieve Health Equity
Register here

AHA Resources:

Institute for Diversity and Health Equity
An affiliate of the American Hospital Association

There can be **no quality without equity**. Promoting **diversity and inclusion and building community are essential strategies** for delivering equitable care.

www.diversityconnection.org

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American Hospital Association
Advancing Health in America
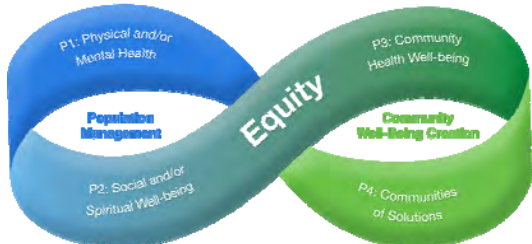
AHA Resources:

THE **Value Initiative**

You are invited to explore The Value Initiative at:
www.aha.org/TheValueInitiative

AHA CENTER FOR HEALTH **INNOVATION**

American Hospital Association
Advancing Health in America

AHA Resources: Pathways to Population Health

Access tools and resources at: www.pathways2pophealth.org

Key Considerations

- Results are best when "right patients" are identified proactively and early
- Services must be broadly and consistently available
- The multidisciplinary teams are most effective for addressing these issues
- Patient and family voices should assist in informing strategies and goals
- Impacting harm & readmissions requires understanding root causes & rewiring services to be proactive, build relationships, and equip the community with information and resources

Resources and Upcoming Events

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KHC HIIN Falls Prevention Sprint

Easy, online sign-up:
https://www.surveymonkey.com/r/KHC-HIIN-Falls-Sprint

This six-month sprint will be conducted with Jackie Conrad and Betsy Lee, Cynosure Health. Become a part of a statewide learning community of peers who are committed to preventing falls.

Objectives are to assist participating hospitals in:
- Identifying opportunities for PDSA improvement cycles through use of the HRET HIIN Falls Process Discovery Tool.
- Applying targeted strategies for involving patients and families in fall prevention, such as validating patient/family understanding and adopting or improving the post-fall huddle process.
- Engaging in the HRET HIIN Up Campaign by designing "Get Up" strategies for engaging front line staff in preventing injuries from falls and immobility.

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KHC HIIN Falls Prevention Sprint

Schedule:

Oct. 24

Nov. 30

Dec. 13

Jan. 24

Feb. 28

March 21

All sessions are 10 to 11 a.m.

Nov. 30
Friday
10 to 11 a.m. CT
	Session #2 – Hospital Learnings from Falls Process Improvement Discovery Tool
	• Hospitals share insights from using the Discovery Tool.
	• Review of developing a SMART aim statement and conducting PDSA cycles.
	• Review Top 10 Checklist for fall prevention.
	• Select one strategy to implement using PDSA.
	• Sprint follow-up assignments:
	   o Conduct up to five bedside observations.
	   o Write a SMART aim statement.
	   o Identify a test of change.
	Pre-register:
	https://www.khconline.org/31-event-descriptions/418-khc-hiin-falls-sprint-11-30-18

Dec. 13
Thursday
10 to 11 a.m. CT
	Session #3 – "Get Up" with Patient and Family Engagement
	• Hospitals share AIM Statements.
	• Discuss validating patient/family understanding.
	• Sprint follow-up assignments:
	   o Observe a bedside hand-off (up to five).
	   o Conduct PDSA #1.
	Pre-register:
	https://khconline.adobeconnect.com/falls-sprint3-12-13-2018/event/registration.html

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KHC HIIN Hand Hygiene Collaborative

Best Practices Checklist

Enrollment is still open!

The KHC's Hand Hygiene Collaborative is offered to help hospitals track and improve hand hygiene within their facilities. Participation includes easy-to-use, mobile software provided at no cost to each hospital for observation-based measurement.

Next collaborative learning session will be held
Friday, February 1, 2019 at 11 a.m. CT.

For more information, visit:
www.khconline.org/initiatives/hiin-initiatives/hand-hygiene-collaborative

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Cohort 4 is continuing!

Kansas PFA/PFAC Collaborative

Through March 2019

Track 1: Back-to-Basics or "Reboot"

For staff leaders needing back-to-basics instruction for working with patient and family advisors

Track 2: Mini-fellowship

For hospital teams already working with PFAs

Hospitals from earlier cohorts are welcome to rejoin us. New staff may be interested in Track 1.

First Track 2 collaborative learning session will be **1-2 pm, Tuesday, December 4 at 1-2 pm. CT.**

For more information, contact Chuck Duffield, cduffield@khconline.org or call 785-231-1327.

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Upcoming Webinars

See more HRET HIIN events at www.hret-hiin.org/events/index.dhtml

HRET HIIN: Fall 2018 CDI Sprint Finale Webinar
November 29 ● 11:00 am - 12:00pm
Register here:
http://hret.adobeconnect.com/cdi-20181129/event/registration.html

HRET HIIN: Discovery and Direction Series: Special Approaches and Essential Questions
November 29 ● 1:00 - 2:00pm
Register here:
http://hret.adobeconnect.com/mdro-20181129/event/registration.html

HRET HIIN: Physician Virtual Event
December 4 ● 3:00 – 4:00pm
Register here:
http://hret.adobeconnect.com/physician-20181204/event/registration.html

All times listed are Central Time.

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Upcoming Webinars

See more HRET HIIN events at
www.hret-hiin.org/events/index.dhtml

HRET HIIN: Pathway to Population Health: A Framework for Improvement
December 6 ● 1:00 - 2:00pm
Register here:
http://hret.adobeconnect.com/health-disparities-20181206/event/registration.html

HRET HIIN: Readmissions | MVP Webinar #3
December 7 ● 11:00am - 12:00pm
Register here:
http://hret.adobeconnect.com/readmissions-20181207/event/registration.html

All times listed are Central Time.

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Upcoming KHC Webinars

KHC HIIN: Falls Prevention Sprint – Session #2
November 30 ● 10:00 - 11:00 am
Register here:
https://khconline.adobeconnect.com/falls-sprint2-11-30-2018/event/registration.html

KHC HIIN: PFA/PFAC Collaborative Session – Track 2
December 4 ● 1:00 - 2:00 pm
Register here:
https://khconline.adobeconnect.com/khc-pfac-12-4-18/event/registration.html

KHC HIIN: Monthly Webinar
December 19 ● 10:00 - 11:00 am
Register here:
https://khconline.adobeconnect.com/khc-hiin-12-19-

See more Kansas events at
https://www.khconline.org/events/full-events-list

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Connect with us on social media…

Facebook.com/KHCqi

Twitter.com/KHCqi

Youtube.com
search for "KHCqi"

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Feedback

Please provide feedback to this webinar Let us know your next steps.

https://www.surveymonkey.com/r/KHC-HIIN-11282018

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