

KHC Hospital Improvement Innovation Network

December 20, 2017
10 to 11 a.m.

HIIN Goals:

By September 2017, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.



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



KHC Hospital Improvement Innovation Network

Agenda

- Introductions and Announcements
- Measures & Data Update
- Key Strategies for Preventing Falls with Injury
- Upcoming Events

Introductions

Kansas Healthcare Collaborative



Michele Clark
Program Director
mclark@khconline.org



Rob Rutherford
Senior Health Care
Data Analyst
rrutherford@khconline.org

Hospital Reaction Panel:
Hutchinson Regional Health Center
Satanta District Hospital

Special Guests



Jackie Conrad, BSN, MBA
Improvement Advisor
Cynosure Health, Inc.
jconrad@cynosurehealth.org



Betsy Lee, BSN, RN, MSPH
Improvement Advisor
Cynosure Health, Inc.
blee@cynosurehealth.org



Kathy Duncan, RN
Faculty
Institute for Healthcare
Improvement
kduncan@ihi.org

December 20, 2017

Kansas Healthcare Collaborative

3

Announcements

Thank you, KHC HIIN Hospitals
for responding to Q3 Activities Survey!

THANKS



December 20, 2017

Kansas Healthcare Collaborative

4

3Q2017 HIIN Activities Survey Summary

What is your proudest accomplishment in the HIIN project thus far?

- Patient and Family Advisory Council (PFAC)
- Falls Reduction
- Readmission Reduction
- Antibiotic Stewardship
- HAI Reduction
- CAUTI Reduction
- Sepsis Reduction
- Improved Data Collection Strategies
- CLABSI Reduction
- Bedside Huddles

December 20, 2017

Kansas Healthcare Collaborative

5

3Q2017 HIIN Activities Survey Summary

Top 10 Priorities for Q4

(not in any particular order)

1. Falls
2. Sepsis
3. Readmissions
4. Hand Hygiene
5. Patient Safety
6. Becoming a High Reliability Organization
7. Antibiotic Stewardship
8. CAUTI
9. Reducing Medication Errors
10. CLABSI

December 20, 2017

Kansas Healthcare Collaborative

6

Announcements

Key KHC HIIN Priorities for Year Two

Topics

- Falls
- Readmissions
- Sepsis
- Pressure Injury
- ADE
- CLABSI

Overarching Initiatives

- QI and PFE Fellowships
- Patient and Family Engagement
- Health Equity
- Culture of Safety
- Highly Reliable Organizations

December 20, 2017

Kansas Healthcare Collaborative

7

HRET HIIN Roadshow

HRET HIIN Roadshow

Salina, Kansas

November 14, 2017



Learning and Sharing about
READMISSION PREVENTION and DISPARITIES IN CARE

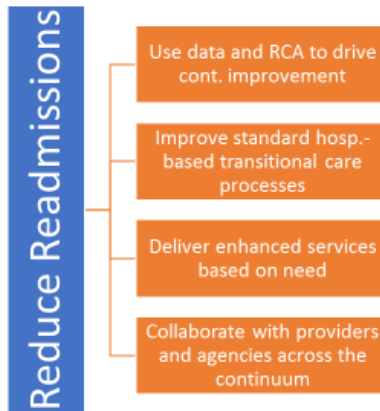


December 20, 2017

Kansas Healthcare Collaborative

8

Readmission reduction drivers



HRET HIIN Readmissions Change Package Driver Diagram

[CP](#)

9



Questions to ask?

Why are
your
patients
being
readmitted?

What will
you do
differently?



Commitments



- What ideas did you like?
- What idea did you test in your organization?
 - What did you learn from testing the new idea?
- What's your next test?



11



Announcements

Congratulations 2017 PFE Fellows!



HRET HIIN Patient and Family Engagement Fellowship Completers:

- | | | |
|---|---|---|
| • Abby Lickteig
Coffeyville Regional Medical Center | • Jimi Amanda Burke
Greenwood County Hospital | • Verla Friesen
Mercy Hospital, Inc. |
| • Sandra Dobrinski
Comanche County Hospital | • Tyler Whipkey
Mercy Hospital Fort Scott | • Dorothy Rice
Ransom Memorial Hospital |
| • Melissa Jones
Greenwood County Hospital | • Mike Wright
Mercy Hospital Fort Scott | • Joann Brandt
Mercy Hospital, Inc. |
| • Abby Nelson
Greenwood County Hospital | • Chana Marshall
Mercy Hospital Fort Scott | • Randy Yost
Mercy Hospital, Inc. |

December 20, 2017

Kansas Healthcare Collaborative

12

Announcements

Congratulations 2017 PFE Fellows!



Congratulations!

HRET HIIN Patient and Family Engagement Fellowship Completers:

- **Dave Bowers**
Ransom Memorial Hospital
- **Amy Evans**
Ransom Memorial Hospital
- **Pam Collins**
Ransom Memorial Hospital
- **Kim Evans**
Ransom Memorial Hospital
- **Nancy Ferguson**
Ransom Memorial Hospital
- **Peggy Frsia**
Ransom Memorial Hospital
- **Linda Jensen**
Ransom Memorial Hospital
- **Jamey Keen**
Norton County Hospital
- **Beth Keim**
Ransom Memorial Hospital
- **Jody Lancaster**
Ransom Memorial Hospital
- **Brenda Pfizenmaier**
Ransom Memorial Hospital
- **Mary Simon**
Greenwood County Hospital
- **Stacy Steiner**
Ransom Memorial Hospital

December 20, 2017 Kansas Healthcare Collaborative 13

Announcements

Congratulations 2017 QI Fellows!



Congratulations!

HRET HIIN Quality Improvement Fellowship Completers:

- **Carolyn Mikesell**
Memorial Health System
- **Tiffany Trapp**
Rush County Memorial Hospital
- **Juli Heitman**
Newman Regional Health
- **Gregg Holt**
Mercy Hospital Columbus
- **Melissa Jones**
Greenwood County Hospital
- **Dorothy Rice**
Ransom Memorial Hospital
- **Katie Rucker**
Olathe Medical Center, Inc.

December 20, 2017 Kansas Healthcare Collaborative 14


Quality Improvement Fellowships 2018 Informational Call

Kathy Duncan, IHI



12/20/17



15



HRET, in partnership with the Institute for Healthcare Improvement (IHI), is pleased to introduce the Quality Improvement Fellowships launching in January 2018.



16

Goal of QI Fellowship

*To deliver engaging content
on the science of improvement to front line teams
participating in the HRET HIIN that enables them to
accelerate their QI efforts*

- **Foundations for Change Fellowship:** designed to equip frontline leaders and change agents with the knowledge and skills needed to effectively engage in improvement efforts in their organization.
- **Accelerating Improvement Fellowship:** designed to deepen the QI experience and knowledge of participants, help to create QI team leaders within participating HENs, and equip participants with new tools and resources to drive change within their organizations.



What have you heard about the QI Fellowships?

*Have you participated in a
previous QI fellowship?*

*Have any of your
colleagues participated?
What did they say?*



18



What was Achieved in 2017?

Evaluation Summary

Fellows felt they were successful when they had:

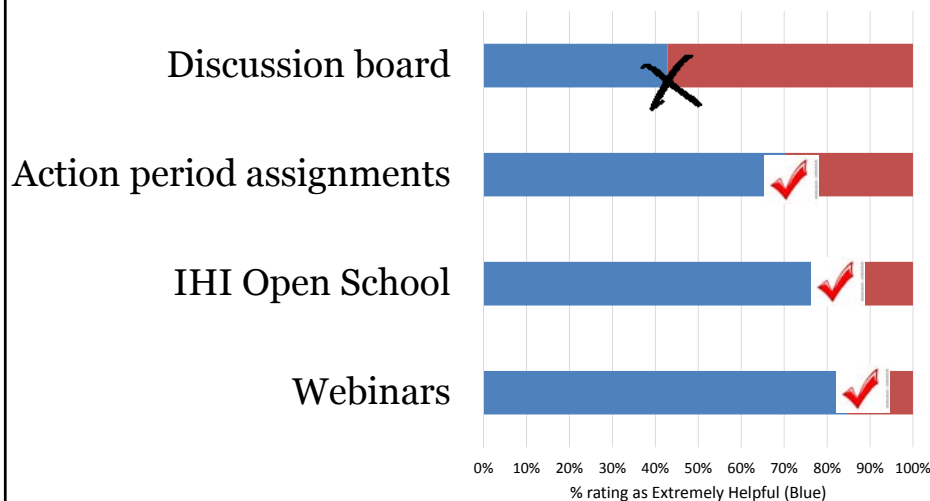
- Leadership / Management support
 - Time for fellowship activities
 - Time for practical application of learnings
 - Support in developing a team, access to data, willingness to test ideas, etc.
- Team/colleagues support and buy-in
- A personal interest in the problem being addressed and a job/role/area of responsibility that related to it



21




Fellowship Components Evaluation



22








Self Assessment:

Foundations for Change

All skills improved!

- 18 QI skills asked about on a scale of 1-6
- 15/18 reached a level 5:
 - *“I have a solid working knowledge of this concept/tool and can apply it to daily work.”*
- 3/18 increased to a level 4 which:
 - *“I have a working knowledge of this concept/tool and can apply it if there is someone with deeper knowledge in the room to support me.”*
- The three skills that improved the most were:
 1. Create a burning platform for building will and engaging stakeholders in improvement
 2. Construct and interpret a run chart
 3. Use creativity methods and tools to generate new ideas


23






Self Assessment:

Accelerating Improvement

All skills stayed the same or improved!

- 18 QI skills asked about on a scale of 1-6
- 4 stayed at + 13 increased to a Level 5:
 - *“I have a solid working knowledge of this concept/tool and can apply it to daily work”*
- 1 skill (developing aim statements!) advanced to Level 6:
 - *“I am confident and comfortable in explaining, applying, and teaching this concept/tool to individuals and groups.”*
- The two skills that improved the most were:
 - Use driver diagrams to define the system of interest and theories about how the system work
 - Use the high performance management system at the frontline


24


**Doesn't this sound like
something you want to be a part
of?**

Well just wait, it gets better!



25



Changes for Year 2

Reduced Total # of Calls

Added Introductory Call

Modified all Schedule
Spacing

Added Optional Monthly
Office Hours

Due Date of Project
Summary Changed

Allow Project Summary
Submission in Multiple Formats

Standardized and Reduced Open
School Requirement

26



2018 HIIN Fellowship Schedule

Introductory Call (both tracks)

January 10, 11:00-12:00 PM CT

Foundations for Change (11:00-12:00 PM CT) and
Accelerating Improvement (12:30-1:30 PM CT) calls
are on the following dates:

- January 17
- January 31
- February 14
- February 28
- March 14
- March 28
- April 11
- May 9
- June 6
- July 11

All calls are recorded and available for Fellows to review later



27



Want to learn more?

We will be offering informational calls for State
Partners and Prospective Fellows:

- *January 4th, 11:00-12:00 PM CT*
- *January 8th, 11:00-12:00 PM CT*

Register Here:

www.hret-hiin.org/fellowships/qifellowship/



28



Apply here, apply today!

- <http://www.hret-hiin.org/fellowships/qifellowship/index.shtml>



29



Call for Nominations

KHC Leadership in Quality Award - 2018

- All Kansas health care professionals and organizations are eligible
- \$5,000 presented to the grand prize winner, courtesy of the KaMMCO Foundation
- Nomination deadline is Friday, January 5, 2018
- For more information, go to www.khconline.org and look for "Summit on Quality" on the right-hand side.
- Questions? Contact KHC, info@khconline.org or call 785-235-0763 and ask for Toni x1322.



December 20, 2017

Kansas Healthcare Collaborative

30

Measures & Data Update

- Overall HIIN Progress
- Focus Areas
- Harms to Go
- New Analytic Report Items
- Measures Update
- New KHDE TAP/CAD Reports
- Schedule
- Milestone 6



Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
RRutherford@khconline.org
(785) 235-0763 x1326

December 20, 2017

Kansas Healthcare Collaborative

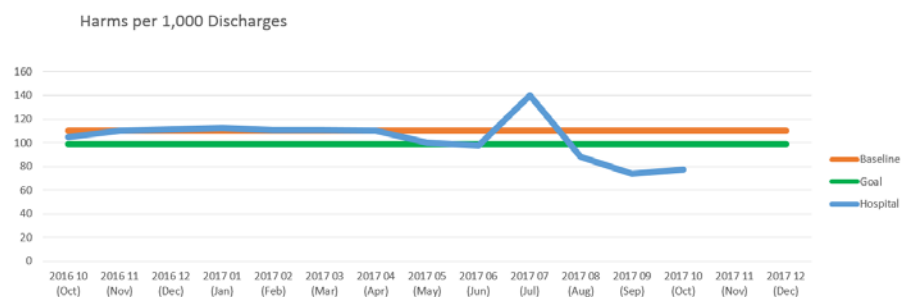
31

Preliminary Results

KHC HIIN Progress to Date

Current Progress (as of Dec. 1)

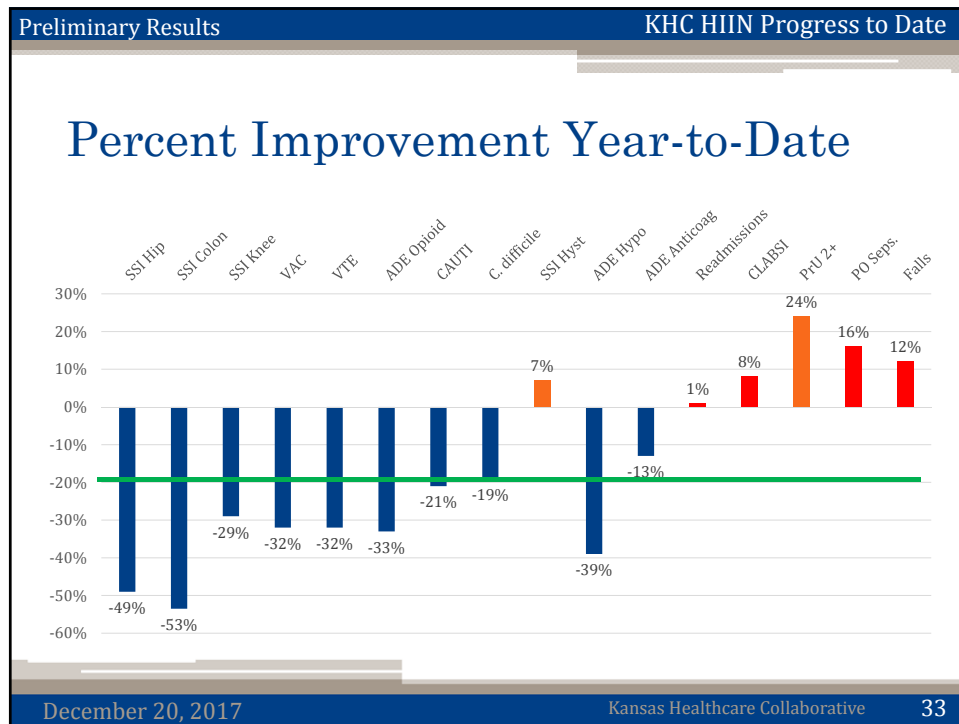
- Overall 15% Reduction in Harm!
- Saved 70 lives and \$803,423!



December 20, 2017

Kansas Healthcare Collaborative

32



KHC HIIN Progress to Date

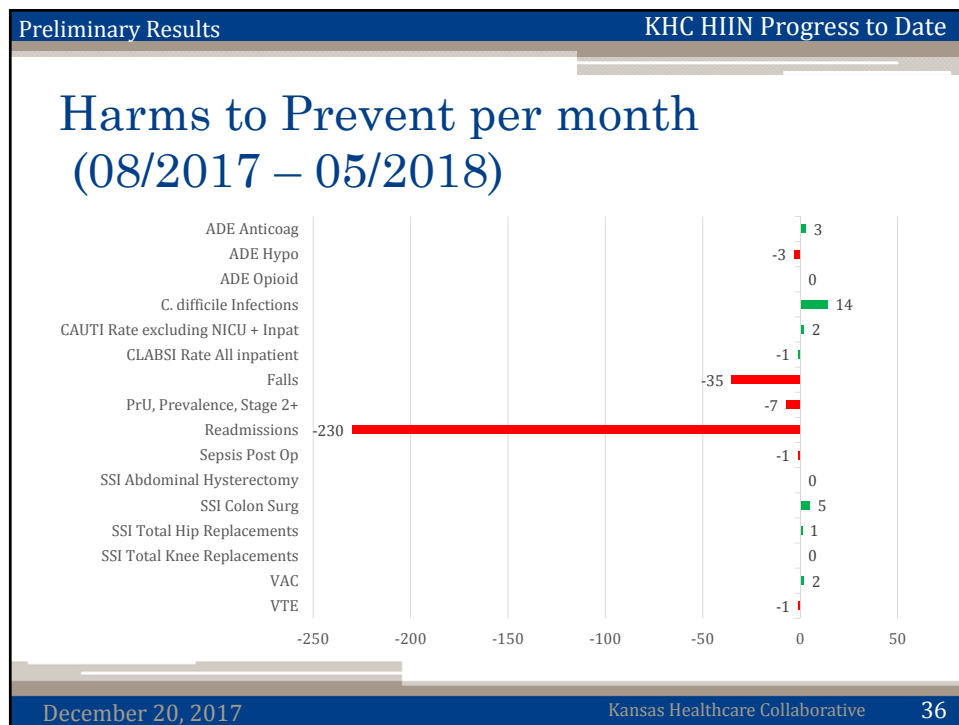
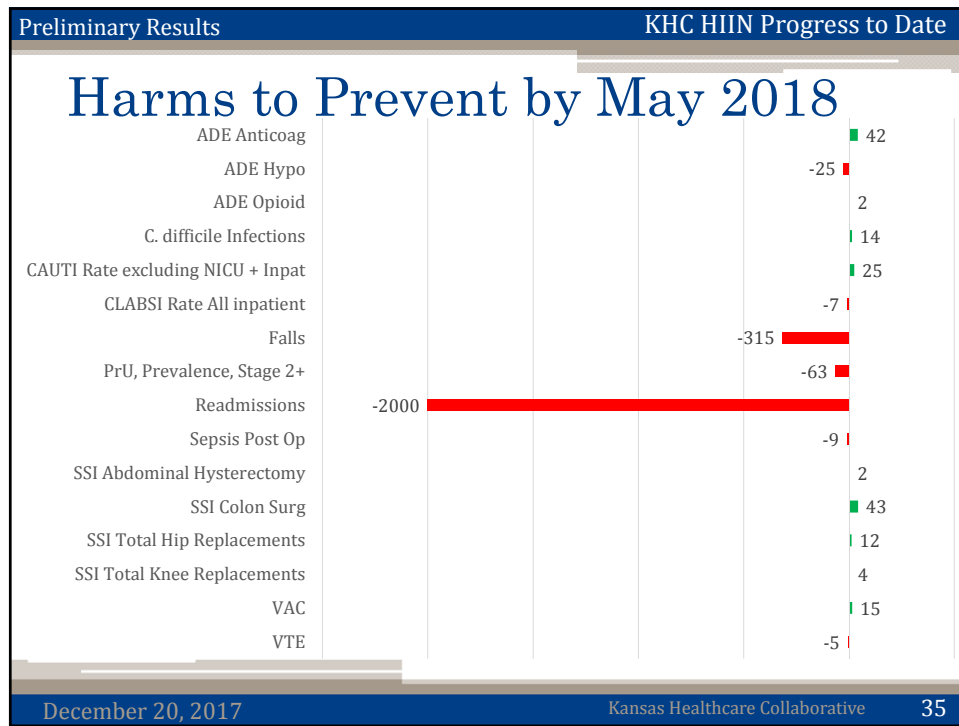
Harms to go

- How many harms does the KHC HIIN need to prevent each month to reach our 20/12 reduction goals?

December 20, 2017

Kansas Healthcare Collaborative

34



Preliminary Results	KHC HIIN Progress to Date
<h2>Harms to Prevent across the state</h2> <ul style="list-style-type: none">• ADE - Hypoglycemia: 3/month• CLABSI: 1/month• Falls with Injury: 35/month• Stage 2+ Pressure Ulcers: 7/month• Readmission: 230/month• Post-Op Sepsis: 1/month	
December 20, 2017	Kansas Healthcare Collaborative 37

KHC HIIN Progress to Date	
<h2>Harms-to-Go</h2> <ul style="list-style-type: none">• A new harms prevented/to go section has been added to the Outcome Summary page of your analytic reports.	
December 20, 2017	Kansas Healthcare Collaborative 38

New Features in KHC HIIN Data Analytic Report

Harms to Go

Project Performance	Harms to Go by Sep. 2018	Harms Prevented to Date
No reduction	1	0
33.04% rdx.	0	8
66.80% rdx.	0	2
100.00% rdx.	0	3
N/A	N/A	N/A
100.00% rdx.	0	1
N/A	N/A	N/A
51.75% rdx.	0	6
14.24% rdx.	1	2
Zero x 13 mo.	0	0
Zero x 13 mo.		
34.53% rdx.	0	46
2.96% rdx.	12	2
No data		

December 20, 2017

Kansas Healthcare Collaborative

39

New Features in KHC HIIN Data Analytic Report

Measuring Progress

- With the transition to Year 2 we have started using the full 20/12 progress goals.

December 20, 2017

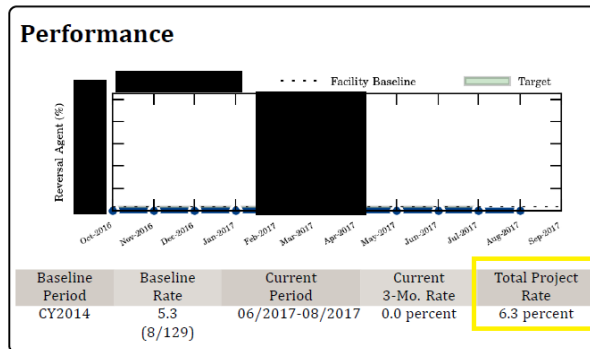
Kansas Healthcare Collaborative

40

New Features in KHC HIIN Data Analytic Report

Measuring Progress

- Now uses the *total project rate*
 - October 2016 through present



December 20, 2017

Kansas Healthcare Collaborative

41

New Features in KHC HIIN Data Analytic Report

Data Index

- You may have noticed a new section in your most recent analytic reports. The index is designed to show where your data is coming from.

CAUTI Rate All Unit

2016			2017									
O	N	D	J	F	M	A	M	J	J	A	S	O
QHi	0/35	1/17	1/102	1/50	0/0	0/0	0/42	0/73	0/0	0/80	1/95	-
NHSN	-	-	-	0/0	1/42	3/10	-	0/42	-	-	-	-

December 20, 2017

Kansas Healthcare Collaborative

42

New Features in KHC HIIN Data Analytic Report

Data Index

- NHSN is assumed to be the most correct data source.

CAUTI Rate All Unit

2016						
	O	N	D	J	F	M
QHI	0/35	1/17	1/102	1/50	0/0	0/0
NHSN	-	-	-	0/0	1/42	3/10

2016	O	0/35
	N	1/17
	D	1/102
	J	0/0
2017	F	1/42
	M	3/10
	A	0/42
	M	0/42
	J	0/0
	J	0/80
	A	1/95
	-	-



December 20, 2017

Kansas Healthcare Collaborative

43

Changes in KHC HIIN Data Monitoring Report

Formatting Changes

- New monitoring reports use a cleaner more condensed format.

4Q2016	1Q2017			2Q2017			3Q2017			Oct.	Nov.
	N	N	N	N	N	N	N	N	N	N	N
									N	N	

December 20, 2017

Kansas Healthcare Collaborative

44

Updates to KHC HIIN Measures Dictionary

Measures Dictionary has been updated!

- Added 3/6 Hour Sepsis Bundles (BCBS QBRP)
- Clarified wording for Medicare Readmissions, Naloxone, Falls w/wo injury.
- CDI and Sepsis measures changed to per 1,000.
- Added NHSN transfer map and FAQ

December 20, 2017

Kansas Healthcare Collaborative

45

Sepsis Measures

Sepsis Bundles

- These measures are available for data submission in QHi
- They are part of your analytic reports if you're entering data

December 20, 2017

Kansas Healthcare Collaborative

46

KDHE CAD/TAP Reports

NEW!

KDHE TAP/CAD Reports

- Your hospital's Infection Preventionist will have received a new quarterly report on behalf of KDHE's Healthcare Acquired Infections/Antimicrobial Stewardship Program.
- This report is a way to analyze data submitted to NHSN and focuses on locations with higher than expected infections.

Questions?
Contact Justin Blanding at KDHE
(785) 296-1242 • Justin.blanding@ks.gov
or Rob Rutherford at KHC
(785) 231-1326 • Rrutherford@khconline.org

December 20, 2017

Kansas Healthcare Collaborative

47

Milestone 6

Milestone 6

- Deadline January 31, 2018.
- Data Submission Oct. 2016 – Oct. 2017

Tip: Check your monthly KHC HIIN data monitoring report to identify whether any data may be missing.

December 20, 2017

Kansas Healthcare Collaborative

48

HIIN Data Schedule		
<h2>Kansas HIIN 2017-18 Data Submission Schedule</h2>		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
September, 2017	August, 2017	October 31, 2017
October, 2017	September, 2017	November 30, 2017
November, 2017	October, 2017	December 31, 2017
December, 2017	November, 2017	January 31, 2018
January, 2018	December, 2017	February 28, 2018
February, 2018	January, 2018	March 31, 2018
March, 2018	February, 2018	April 30, 2018
April, 2018	March, 2018	May 31, 2018
May, 2018	April, 2018	June 30, 2018
June, 2018	May, 2018	July 31, 2018

December 20, 2017

Kansas Healthcare Collaborative

49

A Fresh Look at Fall Injury Prevention



Jackie Conrad
Improvement Advisor
Cynosure Health, Inc.
jconrad@cynosure.org

- Facing the Facts about Falls
- Top Down, Bottom Up
- Injury Risk Screening
- Mobilization vs Bed Alarms
- Engaging patients and families

December 20, 2017

Kansas Healthcare Collaborative

50

Facing the Facts about Falls



- Not all falls are equal
- Bundles are not effective
- Forced Immobility is causing harm
- Non-compliance is overused
- Bed Alarms are causing more harm than good
- Falls are not just a nursing problem
- Medications are the most modifiable risk factor.

December 20, 2017

Kansas Healthcare Collaborative

51

Local Landscape



Top Opportunities in Kansas Hospitals:

1. Focus on Injury Prevention
2. Reduce reliance on Bed Alarms
3. Activate Patient Family Engagement

December 20, 2017

Kansas Healthcare Collaborative

52

A Fresh Look at Fall Injury Prevention

Foundation: Top Down Bottom Up

Top Down Leadership Engagement

- Falls discussed in leadership safety briefings
- Leaders attend and support post fall huddles
- Analysis of data
- Environmental safety rounds

Bottom Up Front Line Staff Engagement

- No Pass Zone
- Days Since publicly posted
- Front Line and Physician Champions
- Involvement in testing solutions

December 20, 2017

Kansas Healthcare Collaborative

53

A Fresh Look at Fall Injury Prevention

No Pass Zone Resources

- www.hqinstitute.org/post/no-pass-zone-patient-safety
- Videos that introduce it to the leadership
Leadership walking the talk: <https://youtu.be/XvAuLGevdfk>
- Non-clinical staff training <https://youtu.be/2dbietdw36s>
- Poster: http://a1a2b942b201254527e0-1746b8788090c8c59faefcb7081d38b4.r72.cf1.rackcdn.com/Poster_93.pdf
- All Staff video from HRET Critical Thinking Video Series:
www.hret-hiin.org/resources/display/ucla-critical-thinking-fall-prevention-case-studies

December 20, 2017

Kansas Healthcare Collaborative

54

A Fresh Look at Fall Injury Prevention

Focused on Injury Prevention

Who is at Risk for Injury?

- A – Age > 85
- B – Bone Disease or Hx of Fx
- C- Coagulation
- S- Surgery during episode of care



Interventions

- Vitamin D
- Multifactorial assessment and care planning
 - Medication Review
 - Proper footwear
 - Toileting plans
 - D/C tethers ASAP
 - Manage postural hypotension
 - Provide a tailored exercise program
 - Floor Mats, Hip Protectors

December 20, 2017 Kansas Healthcare Collaborative 55

A Fresh Look at Fall Injury Prevention

Tools to Support Injury Prevention

- ABCS Screening Tool
- NICE Multifactorial Assessment and Care Plan
- Floor Mat Guide
- Fall TIPS® Tool
- Videos: Toileting and use of Bedside commode with floor mats
- Safe from Falls Roadmap for injury prevention with anticoagulants
- Blood Thinners Teach Back Tool

December 20, 2017 Kansas Healthcare Collaborative 56

A Fresh Look at Fall Injury Prevention

TEACHABLE
MOMENT

Martin W. Schoen, MD, MPH
Department of Internal Medicine, St Louis University, St Louis, Missouri.

Stephanie Cull, MD, MSc
Department of Internal Medicine, St Louis University, St Louis, Missouri.

Fred R. Buckhold, MD
Department of Internal Medicine, St Louis University, St Louis, Missouri.

LESS IS MORE

False Bed Alarms A Teachable Moment

Story From the Front Lines
A 67-year-old woman presented to outpatient interventional radiology for computed tomography (CT)-guided biopsy of a suspicious lung nodule found on screening CT. The procedure was complicated by a pneumothorax requiring chest tube placement, and she was admitted to the hospital. Prior to admission, the patient was independent in all daily activities, lived in an apartment alone, and had no history of falls. As part of the admission process, the nursing staff assessed the patient's risk for falling with the Morse Fall Scale, scoring her at 35. With this level, she qualified as "at risk" for falls, and a bed alarm was instituted. The medicine team entered the room the next day on rounds and found the patient unhappy and frustrated with her hospital stay. She stated "I feel like I'm in jail," referring to the bed alarm. "I can't sit up or go to the bathroom without them coming after me." The patient was soon discharged—no fall or adverse event occurred during hospitalization.

December 20, 2017
Kansas Healthcare Collaborative
57

A Fresh Look at Fall Injury Prevention

Mobilization vs Bed Alarms

Benefits of Mobility Programs

- Prevents Delirium
- Preserves functional ability
- Reduces LOS
- Prevents Readmissions
- Prevents Fall Injuries, HAPU, CAUTI, VAE, VTE
- Reduces worker injuries
- Increases patient satisfaction

Hazard of Bed Alarms

- Alarm Fatigue
- Functional decline from forced immobility
 - 16-59% of seniors develop "new walking dependence" during hospitalization
- Patient dissatisfaction

December 20, 2017
Kansas Healthcare Collaborative
58

A Fresh Look at Fall Injury Prevention

Replace Bed alarms with Step Tracker?

Counting Patient Steps Predicts Readmissions Risk

Alexandra Wilson Pecci, December 12, 2017

[f](#) [in](#) [t](#) [<](#) [e](#) [b](#) [Like 36](#)

In a recent study, commercial activity monitors showed a correlation between the number of inpatient steps and the likelihood of readmission.

Research has linked physical activity with a lower risk of readmissions in medical conditions from [COPD](#) to [heart failure](#).

Although every effort is made to get people moving while they're hospitalized, the intentions don't always match the outcomes. In a busy hospital, there are lots of other things competing for clinicians' attention and time.

"I think that people are just really busy," says [Carissa Low, PhD](#), assistant professor of medicine and psychology in the [Biobehavioral Oncology Program](#) at the [University of Pittsburgh Hillman Cancer Center](#).

"It's not usually the top priority," she adds. "It's easy for that to fall away."

In addition, physical activity isn't always easy to quantify or record in the EHR.

"It's not something that's tracked systematically," she says.

But electronic step counting might be able to change that.

Low is the lead author of a new study published in the [Annals of Behavioral Medicine](#) showing that patient activity during inpatient recovery predicted lower risk of 30- and 60-day readmission after surgery for metastatic peritoneal cancer.

HOT OFF THE PRESS!

Bottom Line:
The higher the step count, the better the outcome

December 20, 2017

Kansas Healthcare Collaborative

59

Immobility, Delirium and Falls

- Immobility, illness and medications contribute to delirium
- 10-31% of fallers are delirious at the time of their fall
- A patient with delirium is 4.55 times more likely to fall (confidence interval: 1.47-14.05)
- Meta-analysis of delirium interventions and falls have shown the chance of falling decreases by 62% (odds ratio 0.38, CI: 0.25-0.6)

Pendlebury et. al. BMJ Open 2015, Nov 16, 5(11):e007808.
Corsinovi et. al. Arch Gerontol Geriatr 2009, Jul-Aug 49(1):142-5.
Hshieh et. al. JAMA Int Med 2015, Apr 175(4):512-20.

December 20, 2017

Kansas Healthcare Collaborative

60

A Fresh Look at Fall Injury Prevention

Medications, delirium & falls

- Medications have both therapeutic effects and side-effects, which are sometimes harmful
- Medications which affect blood pressure and/or have CNS effects can be associated with increased fall risk (fall risk increasing drugs – FRIDs)
- Medications with strong anti-cholinergic effects can lead to delirium




December 20, 2017

Kansas Healthcare Collaborative

61

A Fresh Look at Fall Injury Prevention

Medicines and Falls in Hospitals: Guidance Sheet approved by the British Geriatrics Society

MEDICATION GROUP		COMMONLY USED MEDICATIONS WITHIN THE GROUP	EFFECTS ON FALLS RISK
Sedatives: Benzodiazepines		Temazepam, Nitrazepam Diazepam, Lorazepam Chlordiazepoxide, Flurazepam, Lorazepam, Oxazepam, Clonazepam	Drowsiness, slow reactions, impaired balance. Caution in patients who have been taking them long term.
Sedatives: "Zs"		Zopiclone, Zolpidem	Drowsiness, slow reactions, impaired balance.
Sedating antidepressants (tricyclics and related drugs)		Amitriptyline, Dosulepin Imipramine, Doxepin Clomipramine, Lofepramine, Nortriptyline, Trimipramine Mirtazapine, Mianserin Trazodone	All have some alpha blocking activity and can cause orthostatic hypotension. All are antihistamines and cause drowsiness, impaired balance and slow reaction times. Double the rate of falling.

December 20, 2017

Kansas Healthcare Collaborative

62

Delirium Action Items

- Screen for delirium (B-Cam or CAM tool)
- Periodic medication review (on admission, at least every week, at discharge)
- Medication appropriateness approach
 - Right drug, right indication, right dose, right formulation, right administration (a shift away from 'polypharmacy')
- Mobilize as soon as feasible and keep mobile
- Declutter the environment to decrease environmental hazards
- Engage the entire health care team

B-Cam Snapshot

- Feature 1 – Altered mental status or fluctuating course
- Feature 2 – In attention
 - Can you name the months backwards from December to July
- Feature 3 Altered LOC
 - Richmond agitation scale
- Feature 4 – Disorganized thinking
 - Will a stone float on water?
 - Are there fish in the sea?
 - Does one pound weigh more than two pounds?
 - Command – hold up this many fingers (hold up 2) now do this with the other hand. Do not demonstrate

A Fresh Look at Fall Injury Prevention

Mobilization Resources

Mobility Assessments

- BMAT
- Get UP and Go
- Timed Get Up and Go

Mobility tools

- Walk of fame
- HELP Website
- CAPTURE Falls mobility training videos

Protocols

- ICU Progressive Mobility Protocol
- Med Surg Mobility Protocol

Delirium Resources

- ICU Liberation – B-Cam
- Project HELP – B- Cam
- British Geriatric Society Medicines and Falls in the Hospital Guidance Sheet.

Look at financial modeling

<https://www.ncbi.nlm.nih.gov/pubmed/23318489>

December 20, 2017

Kansas Healthcare Collaborative

65

A Fresh Look at Fall Injury Prevention

Engaging Patients and Families Can we do better?

Patient Perspective

- Feeling sick, overwhelmed
- Underestimate risks
- Overestimate ability
- Desire to be independent
- Desire for privacy
- Unable to wait for assistance

- Reference: Hignett, S. Wolf, L. (2016) *Reducing inpatient falls: Human Factors & Ergonomics offers a novel solution by designing safety from the patients' perspective*. International Journal of Nursing Studies. Feb 19, 2016. Retrieved from: [http://www.journalofnursingstudies.com/article/S0020-7489\(16\)00075-4/abstract](http://www.journalofnursingstudies.com/article/S0020-7489(16)00075-4/abstract)

Organizational Perspective



December 20, 2017

Kansas Healthcare Collaborative

66

A Fresh Look at Fall Injury Prevention

Partnership

- Patients
 - Need support and education to make good choices
 - Benefit from easy to use directives
 - Need to be accountable
 - Need practical examples to put principles into place
- Family
 - Partners in Care – Advocates, Information Gatherers
 - Messengers
 - Provide ongoing assessment in the home
 - Teach clinicians about their safe practices

December 20, 2017

Kansas Healthcare Collaborative

67

A Fresh Look at Fall Injury Prevention

Changing Your Conversation with Patients

- Do you label Patients / Caregivers: Non-Compliant?
- What does Non-Compliant Mean to You?
- How do you measure your effectiveness?
- How do you evaluate effectiveness of your teaching?

December 20, 2017

Kansas Healthcare Collaborative

A Fresh Look at Fall Injury Prevention

Structured education

Timing is everything

- For the patient
- For the staff



- Haines, T, Hill A, Hill K: Patient Education to Prevent Falls in Older Adults: Arch Intern Med. 2011;171(6):516-524. doi:10.1001/archinternmed.2010.444. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/226901>
- Li-Chi Huang, Wei-Fen Ma, Tsai-Chung Li, Yia-Wun Liang, Li-Yun Tsai, Fy-Uan Chang; The effectiveness of a participatory program on fall prevention in oncology patients, *Health Education Research*, Volume 30, Issue 2, 1 April 2015, Pages 298–308 <https://academic.oup.com/her/article/30/2/298/700495>

December 20, 2017

Kansas Healthcare Collaborative

69

A Fresh Look at Fall Injury Prevention

Fall education components

- Educate about fall risks
 - Medications
 - Tripping hazards
 - Orthostatic hypotension, especially in morning
 - Footwear
 - Rolling equipment and furniture
- Educate on safe ambulation
 - Level of assistance needed
 - Promote progressive ambulation
 - Include ambulation in bedside handoffs

December 20, 2017

Kansas Healthcare Collaborative

70

A Fresh Look at Fall Injury Prevention

“Teach Back”

- “Teach Back” Testing: what are the trends in patients’ difficulty to understand what is taught ?

Ask the patient to describe or repeat back in his or her own words what has just been told or taught. Return demonstration is a similar technique used by diabetic educators, physical therapists, and others. When the health professional hears the patient’s description in her/his own words, further teaching can be accomplished to correct misunderstandings. Never ask whether patients understand; they always say “yes”.

December 20, 2017 Kansas Healthcare Collaborative

A Fresh Look at Fall Injury Prevention

Teach Back Language

“I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”

Teach Back Question Card #1

“I want to make sure I explained this clearly. When you get back home in a few days, what will you tell your *[friend or family member]* about *[key point just discussed]*?”

Teach Back Question Card #2

“We covered a lot today about preventing falls, and I want to make sure that I explained things clearly. So let’s review what we discussed. What are three strategies that will help you prevent falls?”

Teach Back Question Card #3

“I want to be sure that I did a good job of teaching you today about risk for falls. Could you please tell me in your own words what you are doing to prevent falls? How you will prevent falls in the future?”

Teach Back Question Card #4

December 20, 2017 Kansas Healthcare Collaborative 72

A Fresh Look at Fall Injury Prevention

Conduct handoffs and post fall huddles at the bedside

- Engage the patient and family in report and in reviewing events leading up to a fall. What was different this time?
- Validate handoff information with patient
- Discuss mobility goals and needs
- Reinforce, use teach back for safety
- Semi private rooms accommodations
 - Keep voices low
 - Pull curtain
 - Be alert of surroundings and information being discussed
 - [HHS.gov: Incidental uses and disclosures guidelines](https://www.hhs.gov/incidental-uses-and-disclosures-guidelines)



December 20, 2017

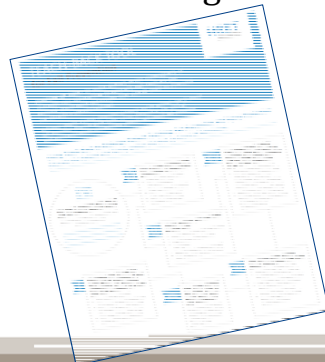
Kansas Healthcare Collaborative

73

A Fresh Look at Fall Injury Prevention

Patient and Family Engagement Tools

- Falls Teach Back Tool
- Anticoagulation Teach Back Tool
- Fall Prevention Tips for Patients and Families
- Patient Agreements

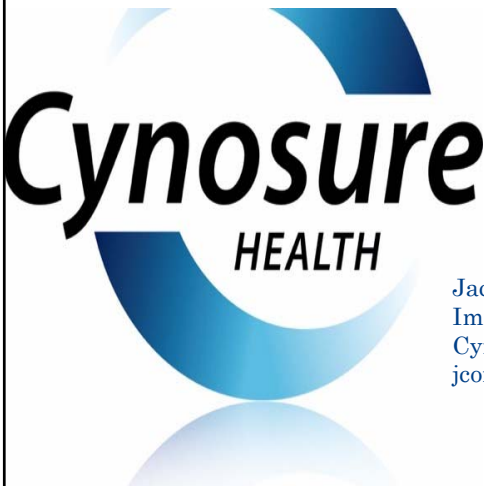


December 20, 2017

Kansas Healthcare Collaborative

74

A Fresh Look at Fall Injury Prevention



Cynosure
HEALTH

Jackie Conrad RN, MBA, RCC™
Improvement Advisor
Cynosure Health
jconrad@cynosurehealth.org

December 20, 2017 Kansas Healthcare Collaborative 75

Resources & Upcoming Events

- New Resources
- Upcoming Events
- Wrap Up

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

December 20, 2017 Kansas Healthcare Collaborative 76

New Resources

Enrollment Is Now Open!

All hospitals participating in the KHC HIIN are eligible to participate. Form is available in pod below.

2018


Kansas PFAC/PFA Collaborative

Cohort 4


Two Tracks Available

Regional Training Sessions
 March 14 – Topeka
 March 15 – Great Bend

Tiffany Christensen
Patient Advocate/
 Patient and Family
 Engagement Specialist
 North Carolina Quality
 Center



Allison Chrestensen
MPhil, OTR/L
 Patient and Family
 Engagement Consultant
 North Carolina Quality
 Center



Goal:
 To assist Kansas hospitals establish or build upon an active Patient and Family Advisory Council (PFAC) or engaging patient and family advisors (PFAs) to serve on a patient safety or quality improvement committee or team.

- ✓ National faculty
- ✓ Learning Sessions
- ✓ Coaching Calls
- ✓ Video Training Modules
- ✓ Online Toolkit
- ✓ ListServ®
- ✓ Private KHC web page
- ✓ Targeted site visits

December 20, 2017
Kansas Healthcare Collaborative
77

New Resources

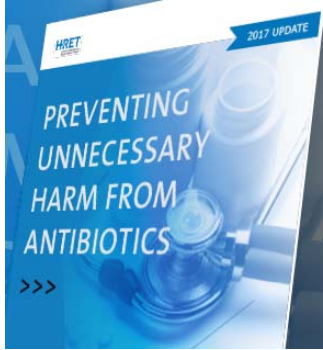
Hot off the Press!

Antibiotic Resistance Change Package

This change package synthesizes the literature and presents the why, what, and how (and what not to do!) for the implementation of a successful antibiotic stewardship program (ASP).

It discusses the role of administration, pharmacists, physicians, and nursing and is referenced with key resources and hyperlinks.

[Access the Change Package here!](http://www.hret-hiin.org/resources/display/antibiotic-stewardship-change-package)
www.hret-hiin.org/resources/display/antibiotic-stewardship-change-package



December 20, 2017
Kansas Healthcare Collaborative
78

Upcoming Events

Mark Your Calendars!

2018 Kansas HIIN Webinars

January 31, 2018
February 28, 2018
March 28, 2018

All webinars take place from 10:00 – 11:00 am CT
Register at www.khconline.org

December 20, 2017 Kansas Healthcare Collaborative 79

Upcoming Events


Upcoming KHC HIIN Events

- Hand Hygiene Collaborative Webinar
January 5, 2018 10:00 – 11:00 AM
- Kansas January HIIN Webinar
January 31, 2018 10:00 – 11:00 AM
- Wound Care Workshop – Hays, KS (approval pending)
February 8 - 9, 2018 1.5 days -- Starts at noon, Feb. 8.
- 2018 PFAC/PFE Collaborative Training (one day each)
March 14 – 15, 2018 Topeka and Great Bend

December 20, 2017 Kansas Healthcare Collaborative 80

Upcoming Events


Attn: Infection Preventionists



Kansas STRIVE Learning Event

March 7, 2018
DoubleTree by Hilton
Wichita Airport

Presented by KHC and HRET
with partners KDHE and KFMC
for the 21 Kansas hospitals
participating in STRIVE



Save the Date

Infection Prevention Conference

March 8, 2018
DoubleTree by Hilton
Wichita Airport

More information will be available in January 2018.

Presented by:
Kansas Hospital Association

In cooperation with members of the:
Association for Professionals in Infection Control and Epidemiology
Wichita, Kansas City and Heart of America Chapters

December 20, 2017Kansas Healthcare Collaborative81

Resources & Upcoming Events

Recorded HRET HIIN Webinars

- UP Campaign:** WAKE UP | Managing Pain, Avoiding Oversedation
- UP Campaign:** GET UP | Early Mobility Matters
- Culture of Safety:** Building an Integrated Approach to Address Disruptive Behaviors
- Falls:** How to Implement the Fall TIPS® Tool
- Physician Event:** Portfolio Program (MOC IV) Overview

To watch past recordings, click here!
www.hret-hiin.org/events/past-events.shtml

December 20, 2017Kansas Healthcare Collaborative82

Best Wishes for a Fabulous Holiday!


happy holidays!

Questions?
Contact your KHC Team

December 20, 2017 Kansas Healthcare Collaborative 83

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

<https://www.surveymonkey.com/r/KHC-HIIN-122017>



December 20, 2017 Kansas Healthcare Collaborative 84

KHC Office Phone: (785) 235-0763

Kansas Healthcare Collaborative



Kendra Tinsley
Executive Director
ktinsley@khconline.org



Michele Clark
Program Director
mclark@khconline.org



Rosanne Rutkowski
Program Director
rrutkowski@khconline.org



Toni Dixon
Communications Director
tdixon@khconline.org



Rhonda Lassiter
Executive Assistant
rlassiter@khconline.org



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



Chuck Duffield
Performance Improvement Manager
cduffield@khconline.org



Alyssa Miller
Project Assistant
amiller@khconline.org



Amanda Prosser
Project Coordinator
aprosser@khconline.org



Rob Rutherford
Senior Health Care Data Analyst
rrutherford@khconline.org



Jill Daughettee
Quality Improvement Advisor
jdaughettee@khconline.org



Devin June
Quality Improvement Advisor
djune@khconline.org



Mary Monasmith
Quality Improvement Advisor
mmonasmith@khconline.org



Josh Mosier
Quality Improvement Advisor
jmosier@khconline.org



Jonathan Smith
Quality Improvement Advisor
jsmith@khconline.org

December 20, 2017

Kansas Healthcare Collaborative

85

Kansas Healthcare Collaborative

43