KHC Hospital Improvement Innovation Network

February 27, 2019
10 to 11 a.m. CT

HIIN Goals:
By March 2020, 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 1899

KHA KANSAS HOSPITAL ASSOCIATION

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Introductions

Special Guest

Alexandria Stack
Program Manager
Cynosure Health

Hospital Presentations

Anderson County Hospital
Tina Capeder
Phillips County Hospital
Jessica Hawkins

Kansas Healthcare Collaborative

Michele Clark
Program Director
mclark@khconline.org

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

Chuck Duffield
Performance Improvement Mgr.
cduffield@khconline.org

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Agenda

- Welcome and Announcements
- Summit On Quality
- Featured Topic: Journey to Health Equity
- HIIN Milestone Update
- HIIN Data and Measures Update
- HIIN Resources and Upcoming Events

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Event info at: KHConline.org/summit

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Call for Nominations due this Thursday, Feb. 26!

The Leadership in Quality Award is presented annually to recognize leadership and innovation in quality improvement and patient safety.

$5,000 will be presented to the grand prize winner at the 2019 Summit On Quality.

Leadership in Quality 2019

presented by

KAMMCO FOUNDATION

→ Download nomination form: KHConline.org/leadershipinquality

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New Quality Leader Workshop
March 6-7 • Garden City, KS

This two-day KHC HIIN workshop will advance knowledge for individuals in new roles of quality, patient safety and change leadership.

Registration is open through **March 1, 2019**.

Agenda and additional details are available:
https://www.khconline.org/leaderworkshop

Featuring:
Jackie Conrad, BSN, MBA
*Improvement Advisor and Leadership Coach
Cynosure Health, Inc.*

Topics include:
- Self-management and development
- The Model for Improvement
- Teaming as a Verb, the Art of Engagement
- Measures and Methods
- Using Data Effectively
- Putting it all together

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Journey to Health Equity

Alex Stack, MPH, CSSBB
Program Manager
Cynosure Health

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Health Equity Operational Assessment

Final – As of Feb. 20

% of KHC HIIN Hospitals (n = 117)

■ Below Basic   ■ Basic/Fundamental   ■ Mid-Level   ■ Advanced

HEOA Metrics:
1 = Data collection
2 = Data collection training
3 = Data validation
4 = Data stratification
5 = Communicate findings
6 = Address and resolve gaps in care
7 = Organizational culture and infrastructure

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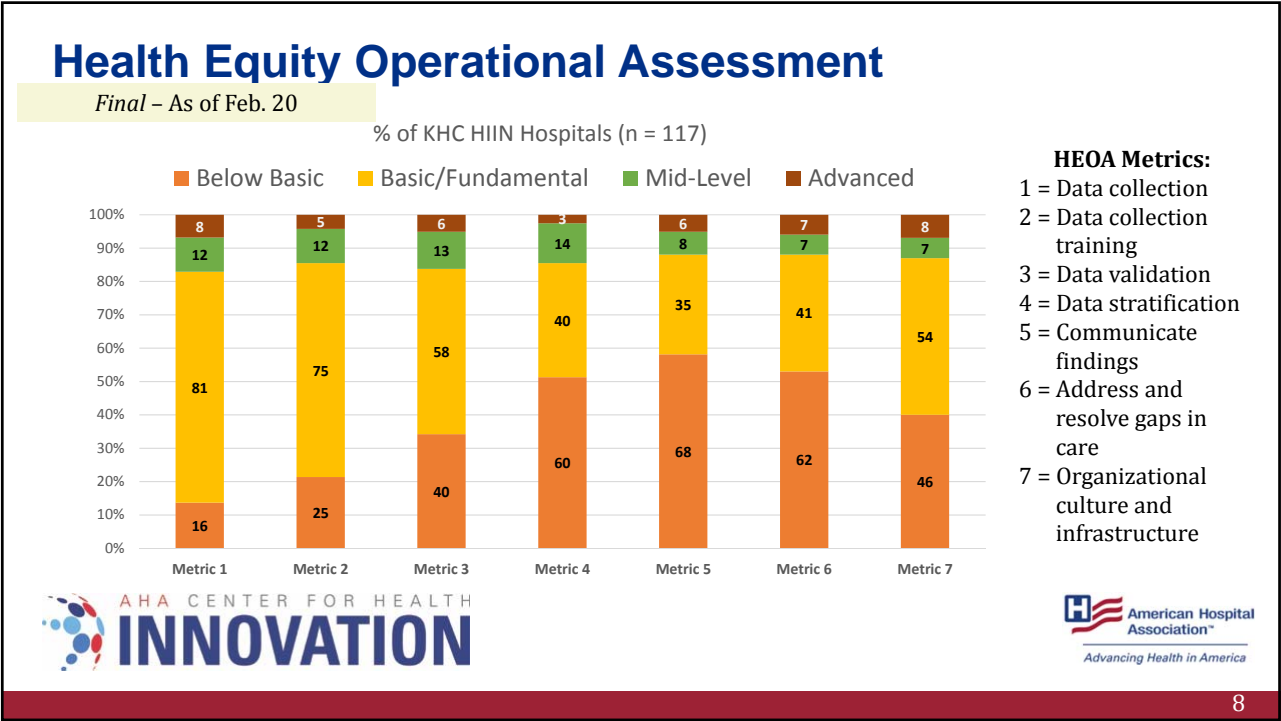
Agenda

At the end of the this webinar participants will have:

- Made the case for health equity as an organizational priority
- Examined the Health Equity Operational Assessment measure set, with a focus on data collection & analysis
- Exchanged ideas & best practices with peer hospitals through facilitated discussion

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Health Equity Organizational Assessment (HEOA) What?

Assessment Category

Category	Description
Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
Address & Resolve Gaps in Care	Hospital implements interventions to resolve difference in patient outcomes.
Infrastructure & Culture	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

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Write in the chat box

What does health equity mean to you?

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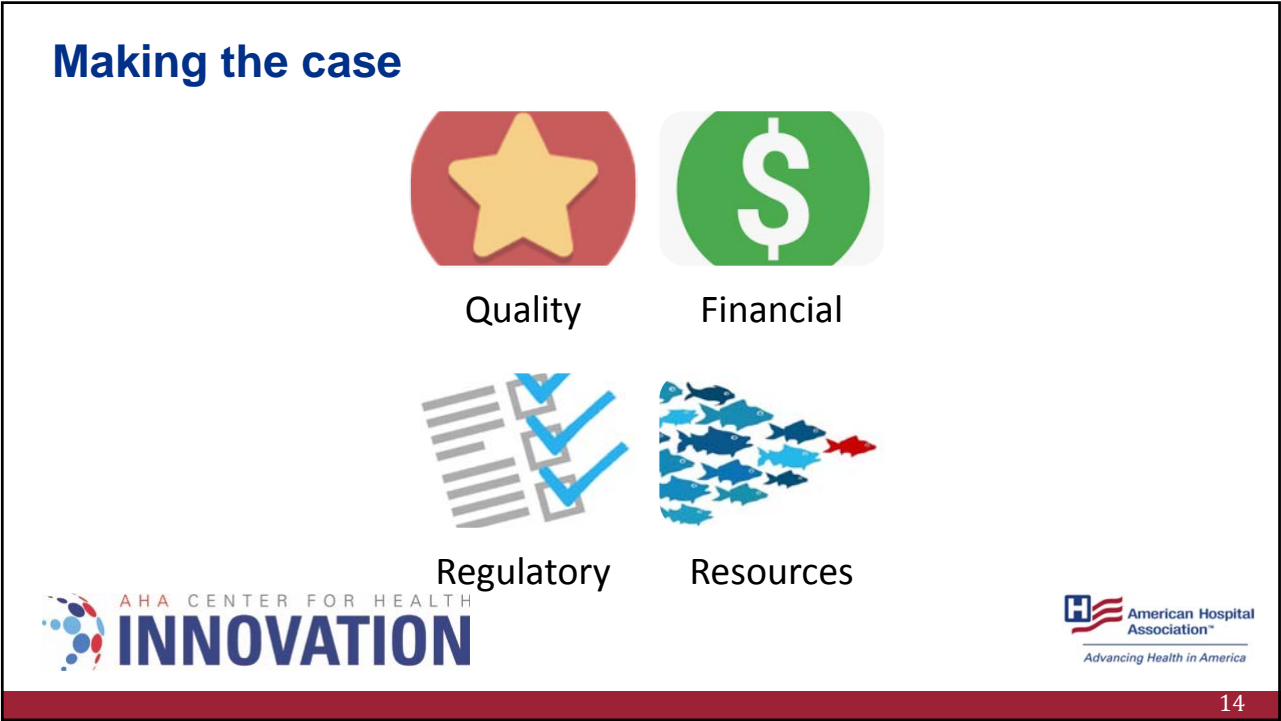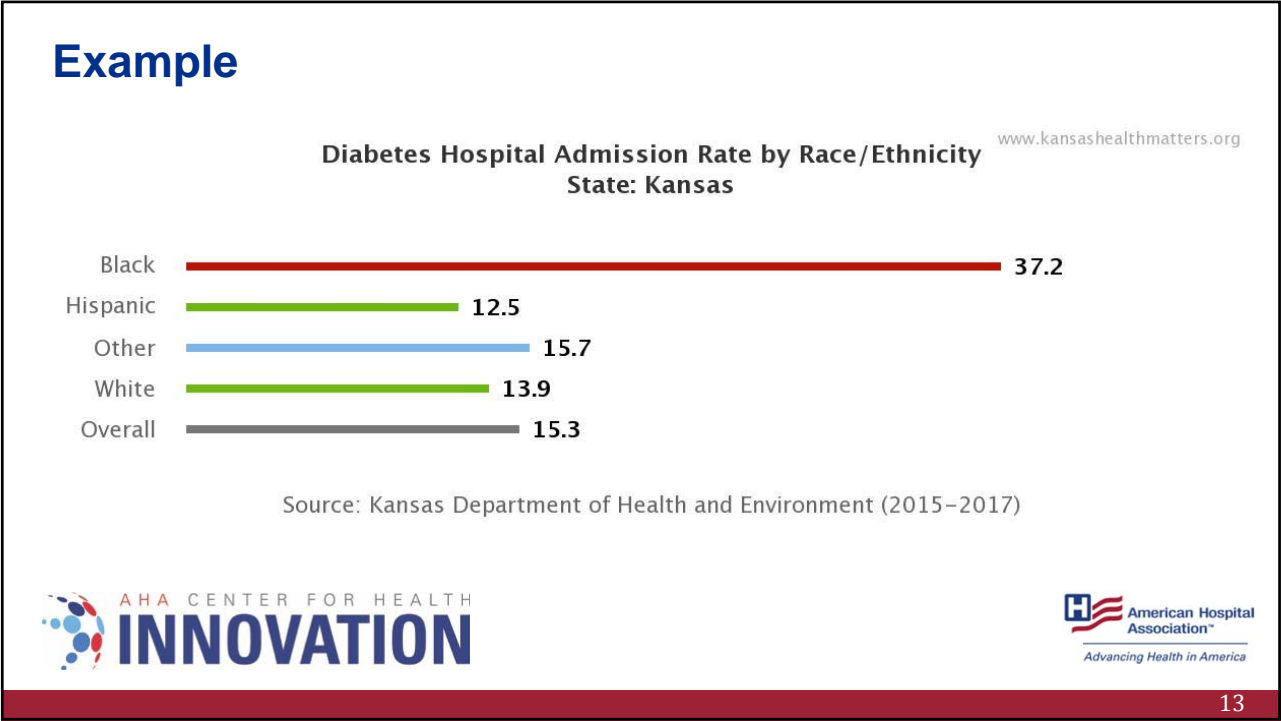*Advancing Health in America*

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Health equity defined

Attainment of the highest level of health for all people.
Health Equity means efforts to ensure that all people
have full & equal access to opportunities that enable
them to lead healthy lives.

Source: SFSU Health Equity Institute

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Measuring health equity

REAL (Standard)	Social Determinants (Hospital Specific)
• Race • Ethnicity • Age • Language	• Economic stability • Physical environment • Education • Food • Community & social context • Health care system

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Social determinants of health

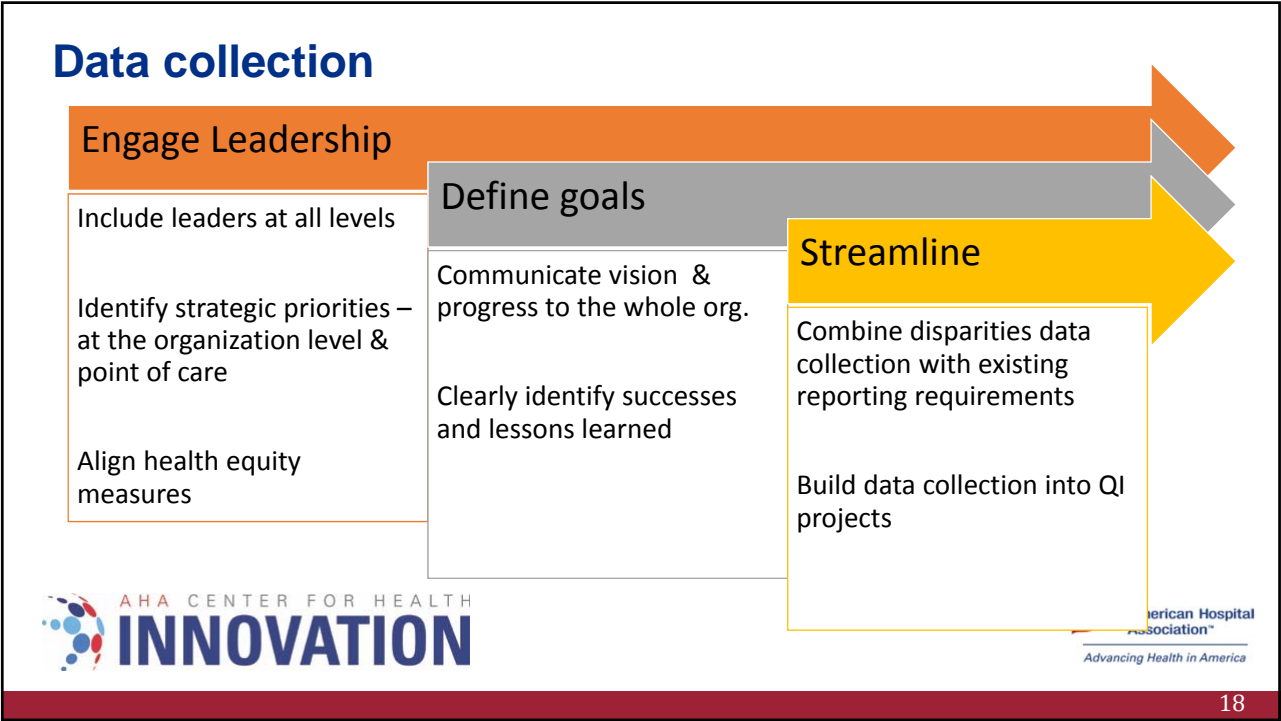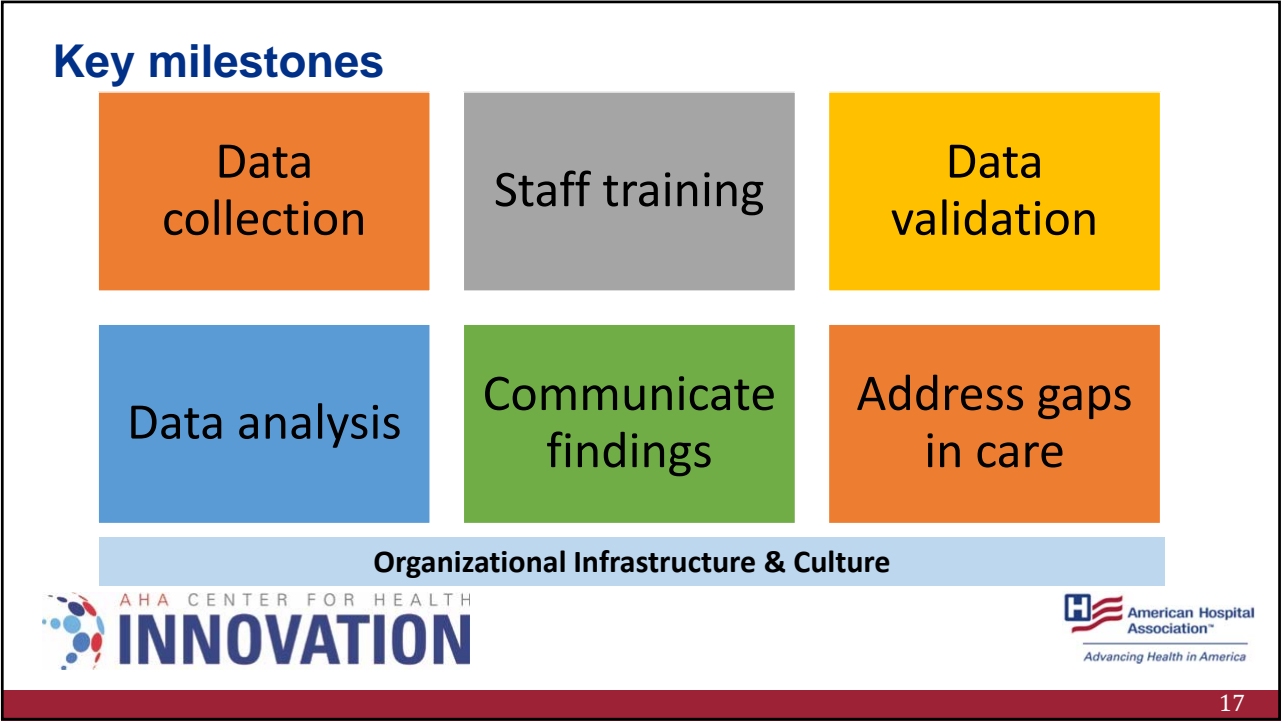| Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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Key milestones

Data collection	Staff training	Data validation
Data analysis	Communicate findings	Address gaps in care

Organizational Infrastructure & Culture

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Data collection

Engage Leadership

Include leaders at all levels

Identify strategic priorities – at the organization level & point of care

Align health equity measures

Define goals

Communicate vision & progress to the whole org.

Clearly identify successes and lessons learned

Streamline

Combine disparities data collection with existing reporting requirements

Build data collection into QI projects

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Data analysis

Workgroup

Build off of/or create a workgroup to "drive" health equity

Champion work!

Validate

Assess data accuracy & completeness

Identify & close gaps in reporting

Analyze

Select hospital measures for analysis – process, outcome, patient experience, cost, etc.

Stratify starting with REAL data then SDOH

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Example

30-day Readmissions	White	Hispanic	African-American	American Indian	Asian	Unknown/Other	Overall
Overall rate	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%
Overall volume	#	#	#	#	#	#	#
Heart failure rate	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%
Heart failure volume	#	#	#	#	#	#	#
AMI rate	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%
AMI volume	#	#	#	#	#	#	#
Pneumonia rate	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%
Pneumonia volume	#	#	#	#	#	#	#
COPD rate	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%	##.#%
COPD volume	#	#	#	#	#	#	#

Source: Equity of Care: A Toolkit for Eliminating Health Care Disparities

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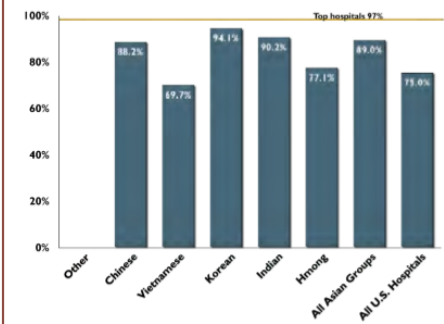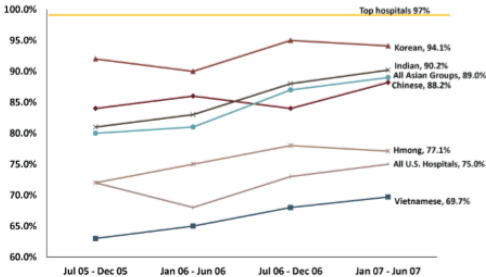Advancing Health in America

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Example

Percentage of Asian Patients Who Received Treatment to Prevent Blood Clots Within 24 Hours after Selected Surgeries

Source: Equity of Care: A Toolkit for Eliminating Health Care Disparities

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Hear from peers

Hospital Sharing

Why is health equity important to your hospital?
What is your vision? What steps have you taken to achieve health equity?
What was a smashing success? Fabulous flop?
What have you learned that you want others to know?

Anderson County Hospital
– Tina Capeder

Phillips County Hospital
– Jessica Hawkins

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Slide 23

PHILLIPS COUNTY
HEALTH SYSTEMS

Hospital Sharing

We chose #3, Data Validation

This became an obvious issue when doing ER Call backs as about 15% had disconnected phones.

Data Validation	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.
Intermediate	• 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.
Advanced	• 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.

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Slide 24

Hospital Sharing

PHILLIPS COUNTY
HEALTH SYSTEMS

This is where we are…..

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.

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Starting with the area code.

PHILLIPS COUNTY
HEALTH SYSTEMS

Goal: *to get accurate patient demographic data.*

Risk: *We will not be able to get ahold of patient to report testing outcomes.*

Follow-up is more likely to fail as appointment reminders, etc…

This is a revenue cycle issue as we cannot collect money from a

patient we cannot locate or one who has given us inaccurate information.

Plan: *Interdisciplinary discussion on what system we can develop to ensure that*

the data is correct at the time we collect it.

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This is going to be a process!

PHILLIPS COUNTY
HEALTH SYSTEMS

Please advise if you have anything that might be helpful as this is a time consuming project that has to be done at the time the information is collected to prevent the patient leaving prior to verification.

Who does it?

How do they do it?

How does this affect workflow?

Does the staff understand the value?

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Write in the chat box

What do you want to learn more about?

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Resources

▪ Health Equity Metric Coaching Guide
▪ Equity of Care: A Toolkit for Eliminating Health Care Disparities
▪ AHA resources

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Contact

If you have any questions feel free to contact me:

Alex Stack, MPH, CSSBB
Program Manager
Cynosure Health
astack@cynosurehealth.org

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KHC HIIN
Milestone Update

- Milestone 10 (Jan. 22)
- Milestone 11 (March 15)

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

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Congratulations to Kansas Hospitals Achieving HRET HIIN Milestone 10

- Allen County Regional Hospital
- Anderson County Hospital
- Bob Wilson Memorial Grant County Hospital
- Citizens Medical Center, Inc.
- Clara Barton Hospital
- Clay County Medical Center
- Coffey County Hospital
- Coffeyville Regional Medical Center
- Comanche County Hospital
- Community HealthCare System, Inc.
- Community Memorial Healthcare, Inc.
- Decatur Health Systems, Inc.
- Edwards Co. Hosp. and Healthcare Ctr.
- Ellinwood District Hospital
- F.W. Huston Medical Center
- Geary Community Hospital
- Gove County Medical Center
- Graham County Hospital
- Greeley County Health Services
- Greenwood County Hospital
- Grisell Memorial Hospital
- Hanover Hospital
- HaysMed
- Hillsboro Community Hospital

- Hodgeman County Health Center
- Holton Community Hospital
- Hospital District 6 Anthony Campus
- Hospital District No. 1 of Rice County
- Jewell County Hospital
- Kearny County Hospital
- Kingman Community Hospital
- LMH Health
- Labette Health
- Lane County Hospital
- Lincoln County Hospital
- Meade District Hospital/Artesian Valley Health System
- Medicine Lodge Memorial Hospital
- Memorial Health System
- Mercy Hospital Columbus
- Mercy Hospital, Inc.
- Miami County Medical Center, Inc.
- Minneola District Hospital
- Morris County Hospital
- Morton County Health System
- Neosho Memorial Regional Medical Center
- Nemaha Valley Community Hospital
- Newton Medical Center
- Osborne County Memorial Hospital
- Ottawa County Health Center
- Phillips County Hospital

- Providence Medical Center
- Ransom Memorial Hospital
- Rawlins County Health Center
- Rooks County Health Center
- Rush County Memorial Hospital
- Russell Regional Hospital
- Sabetha Community Hospital, Inc.
- St. Catherine Hospital
- Saint John Hospital
- Saint Luke Cushing Hospital
- Saint Luke Hospital & Living Center
- Saint Luke's South Hospital
- Satanta District Hospital
- Scott County Hospital
- Sheridan County Health Complex
- Southwest Medical Center
- Smith County Memorial Hospital
- Stanton County Hospital
- Stevens County Hospital
- Sumner Community Hospital
- Susan B. Allen Memorial Hospital
- Trego County Lemke Memorial Hospital
- Wamego Health Center
- Washington County Hospital
- Wichita County Health Center
- William Newton Hospital
- Wilson Medical Center

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HRET HIIN Milestones
6-month Extension (Oct 2018 – Mar 2019)

Milestone Goals:

HRET HIIN Milestone	Hospital Due Date	Time Period Jan. 2017 Through:	Data Completeness	"20/12" Improvement	5 PFE Metrics	7 Health Equity Metrics
			% of applicable topics			
9	11/21/2018	August 2018	≥60%	≥67%	60-75% of hospitals implement ≥4 out of 5	Baseline Survey
10	1/22/2019	October 2018	≥75%	≥67%		All at Basic Level
11	3/15/2019	December 2018	≥80%	≥70%	≥80% ≥4 out of 5	All at Basic Level, with ≥2 at Intermediate or Advanced Level

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Milestone 11: Next Steps

- Watch your email for new KHC HIIN Milestone 11 Dashboard report (preliminary).

- Identify gaps and corrections in data submission that can be taken care of by the March 15 due date.

- Review Operational Metrics (KHC email to be sent to hospitals on March 5.) Let us know of any updates by March 15.

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KHC HIIN
Data Update

- Status Update
- Milestone 11 Reports
- Data submission schedule

Eric Cook-Wiens
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Data and Measurement Director
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Improvement: Project-to-date

Current Status Harms per 1,000 Discharges

*Caution:
Recent versions of the calculator show lower average harm rates than previous versions.*

Source: HRET Improvement Calculator v6.4
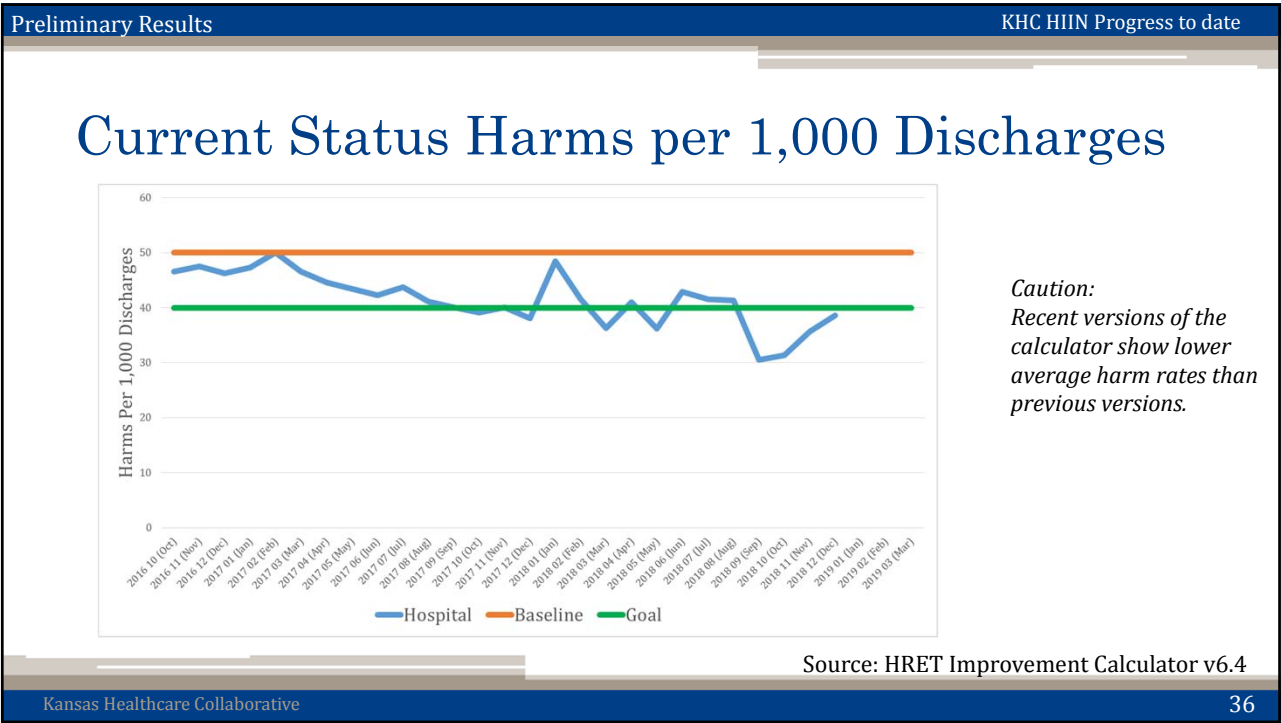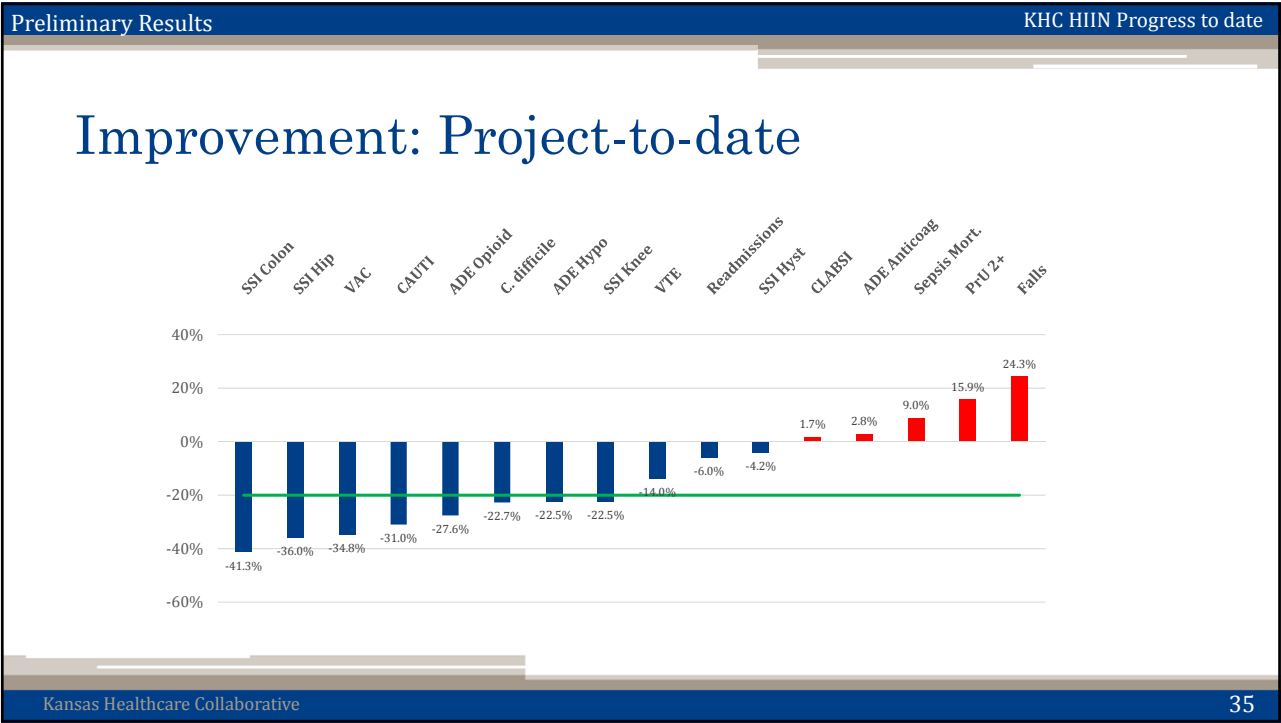
Milestone 11 Reports

- 2-page PDF report distributed this AM
- Page1
  - ▫ Data submission
  - ▫ Measure Improvement
  - ▫ Patient and Family Engagement Metrics
  - ▫ Health Equity Organizational Assessment (HEOA) metrics
- Page2
  - ▫ Data submission and measure improvement at-a-glance

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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	April 30, 2018
April, 2018	March, 2018	May 31, 2018
May, 2018	April, 2018	June 30, 2018
June, 2018	May, 2018	July 31, 2018
July, 2018	June, 2018	August 31, 2018
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 31, 2019
January, 2019	December, 2018	**February 28, 2019**
February, 2019	January, 2019	March 31, 2019

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Resources and Upcoming Events

Chuck Duffield
Performance Improvement Manager
Kansas Healthcare Collaborative
cduffield@khconline.org
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#OneHealthKS Pledge
www.useantibioticswisely.org

Antimicrobial Stewardship
KHC, along with its partners in the Kansas Quality Improvement
Partnership (KQIP), invite all health care settings and providers –
animal and human – to:

Actively commit to antimicrobial stewardship
by taking the #OneHealthKS Pledge.

The Kansas Quality
Improvement Partnership

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#OneHealthKS Pledge
What would we be pledging to do?

- By end of **month 1**, designate clinical leadership, a single leader, who will be responsible for program outcomes.
- By end of **month 6**, allocate necessary resources, including human, financial and I.T. resources.
- By end of **month 9**, develop local expertise by identifying and providing training for stewardship leaders through online or in-person training.
- By end of **month 12**, complete education for clinicians and patients about both resistance and optimal prescribing/antibiotic use.

The Kansas Quality Improvement Partnership

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How can I learn more?

Visit

https://public.kfmc.org/sites/hai/SitePages/Kansas%20Quality%20Improvement%20Partnership.aspx

Pledge online or return the pledge form by fax or email.
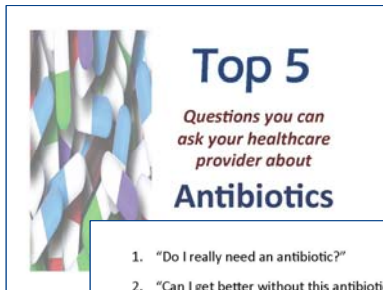
KQIP cover letter, recommendation, and pledge form:

https://www.khconline.org/files/HIIN/OneHealthKS-pledge.pdf

Questions? Contact a KQIP representative
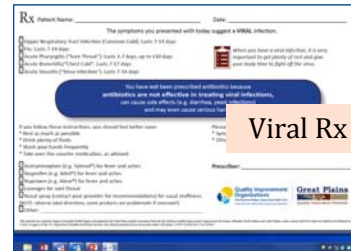or call Michele Clark at KHC, 785-235-0763
x1321 or mclark@khconline.org.

The Kansas Quality Improvement Partnership

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Antimicrobial Stewardship:
Patient Education Resources

Top 5

Questions you can
ask your healthcare
provider about

Antibiotics

1. "Do I really need an antibiotic?"
2. "Can I get better without this antibiotic?"
3. "What side effects or drug interactions can I expect?"
4. "What side effects should I report to you?"
5. "How do you know what kind of infection I have? I understand that antibiotics won't work for viral infections?"

Top 5
Wallet Card

Viral Rx Pads

Great Plains
Quality Innovation Network

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Upcoming KHC Events

- **New Quality Leader Workshop**
  March 6 - 7, 2019 ● Garden City, Ks
  Registration now open

- **ICU CAUTI-CLABSI Prevention Workshop**
  for Kansas-Iowa ICU teams in the AHRQ Safety Program
  April 4, 2019 ● Kansas City, Ks
  Registration open soon

- **I.P. Boot Camp**
  Apr 16 - 17, 2019 ● Manhattan, Ks
  Registration open soon

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

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Upcoming KHC HIIN Webinars

KHC HIIN: PFA/PFAC Collaborative Session #8
March 5, 2019 ● 1:00 - 2:00 pm

KHC HIIN: Monthly Virtual Meeting
March 27, 2019 ● 10:00am - 11:00 am

Information: https://www.khconline.org/events/hiin-events

Contact Chuck Duffield, cduffield@khconline.org or call (785) 235-0763 x1327.

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

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Upcoming Falls Sprint Webinars

KHC HIIN: Falls Prevention Sprint – Session #5
February 28, 2019 ●10:00am - 11:00 am
Information: Click Here

KHC HIIN: Falls Prevention Sprint – Session #6
March 21, 2019 ●12:30pm - 1:30pm
Information: Click Here

Contact Michele Clark, mclark@khconline.org or call (785) 235-0763 x1321.

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

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Case Studies Review

HRET HIIN has recently updated the case studies page on its website to allow everyone to read existing case studies and submit new ones.

Do you have a success story to share?
We encourage you to complete a Case Study Template and submit to info@khconline.org.   Case studies will be featured on the HRET HIIN website.

Click here to view the case studies:
http://www.hret-hiin.org/resources/display/case-studies

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Recent Webinars and Events

- **January 23, 2019 - KHC HIIN Webinar**
  HAPI Update for hospital-acquired pressure ulcers/injuries:
  Data, prevalence studies and best practices
  Webinar recording | Presentation handout (pdf)

- **January 24, 2018 - KHC HIIN Falls Prevention Sprint - Session #4**

  Webinar recording | Presentation handout (pdf)

See KHC HIIN Education Archive at
https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events

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