

Kansas Hospital Engagement Network 2.0




March 23, 2016

Six months remain to reach HEN 2.0 goals!





623 SW 10th Ave. • Topeka, KS 66609 • (785) 235-0763 • www.khconline.org



Kansas HEN 2.0

March 23, 2016

Agenda

- Welcome and Announcements
- Health Literacy and Teach Back
- Data and Measures Update
- Resources and Upcoming Events
- Contact Us



Kansas Healthcare Collaborative

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Introductions

Presenters



Steve Tremain, M.D. FACPE
Physician Improvement Advisor
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Your Work Is Being Recognized




**KANSAS
HEALTH
INSTITUTE**

Two KHI articles in March highlight KHC's work with hospitals to reduce early elective deliveries and examines the link between early elective births and potential financial savings to Medicaid.

March 1: www.khi.org/news/article/kansas-hospitals-show-improvement-in-effort-to-reduce-early-scheduled-birth

March 8: www.khi.org/news/article/efficiency-reports-projected-medicaid-savings-on-early-births-look-unlikely



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Summit on Quality

Hyatt Regency, Wichita - Friday, May 6

Keynote Presenters



Angelo Volandes, MD, MPH
Co-founder and president, ACP Decisions
*The Conversation: A Revolutionary Plan
for End-of-Life Care*



Chris Trimble
Dartmouth Center for Health Care
Delivery Science
Leading Innovation in Healthcare Delivery

Program and registration at:
www.khconline.org/summit-on-quality

Presented by







Kansas Medical Society and Kansas Hospital Association

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Lean in Health Care Training

National Caliber Training in Topeka

Lean in Health Care


April 12-14, 2016

Lean Fundamentals
April 12

- Lean Fundamentals

Lean Team Leader Training
April 13-14

- Advanced training with Lean tools
- Lean team management and coaching skills



Richard Tucker
Healthcare Performance Partners
Gallatin, Tennessee

Registration is now open at
www.khconline.org
Space is still available!

All three days: \$500
Or register for specific modules:
Day 1 \$150 | Days 2-3 \$350

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New-and-Improved Resource

HEN 2.0

Harm Across the Board (HAB) Improvement Calculator

- A new version of the HAB Improvement Calculator will be released in early April (v5.x?)
 - Will fix technical issues identified in newest release
 - Will include new measures: OB hemorrhage, preeclampsia, *c. diff*, sepsis
 - New/revised tabs
- KHC is helping HRET test the new version this week.
- When new version is ready, KHC plans to provide each hospital the HAB Improvement Calculator already pre-populated with facility-level data.
- Contact Rob Rutherford at KHC with any questions.

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HEN 2.0 Data and Measures Update

Take the Pledge #123forEquity

Join the AHA in pledging to achieve the national call to action to eliminate health care disparities.

1. **TAKE THE PLEDGE** - Pledge to achieve the three areas of the Call to Action within the next 12 months.
2. **TAKE ACTION** - Implement strategies that are reflected in your strategic plan and supported by your board and leadership. Provide quarterly updates on progress to AHA and your board in order to track progress nationally.
3. **TELL OTHERS** - Achieve the goals and be recognized. Tell your story and share your learnings with others in conference calls and other educational venues to accelerate progress collectively.


More information at: <http://bit.ly/1Wn2NQV>

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HEN 2.0 Health Literacy & Teach Back

What You Need to Know and Do






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FORMULA for a failed discharge

- Don't know
- Didn't understand
- Patient is not the care giver
- We told you
- Confused
- Conflicting information



What can we do differently?

Use health literacy when we teach and validate understanding through teach back.



American Hospital Association




HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
in Partnership with AHA



BARRIERS TO COMMUNICATION

Do you understand what I am saying?





American Hospital Association



HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
in Partnership with AHA



What does this mean?

- There is a bear in a plain wrapper doing flip flops on 78 handing out green stamps.



PRINTED DISCHARGE INSTRUCTIONS

Your naicisyhp has dednemmocer that you have a ypocsonoloc. Ypocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.



WHAT IT SAYS....

- Your physician has recommended that you have a colonoscopy. Colonoscopy is a test for colon cancer. It involves inserting a flexible viewing scope into your rectum. You must drink special liquid the night before the examination to clean out your colon.



Health Literacy

- Most health materials are written at a level that exceeds the reading skills of the average high school graduate.
- *Health literacy* is the concept of reading, writing, computing, communicating and understanding in the context of health care



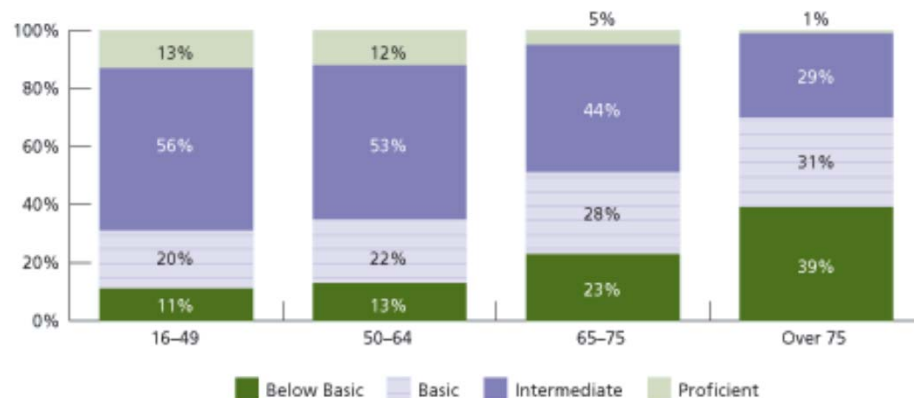
WOW!

Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media and communities.

Healthy People 2020
U.S. Department of Health and Human Services



ADULT HEALTHCARE LITERACY



Source: U.S. Department of Education, Institute of Education Sciences, 2003 National Assessment of Adult Literacy





“How would you take this medicine?”

395 primary care patients in 3 states

- 46% did not understand instructions ≥ 1 labels
- 38% with adequate literacy missed at least 1 label

Davis TC, et al. Annals Int Med 2006



HEALTHY PEOPLE 2020 GOALS

- Everyone has the right to health information that helps them make informed decisions, and
- Health services should be delivered in ways that are understandable and beneficial to health, longevity and quality of life.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author.



RED FLAGS TO IDENTIFY PATIENTS AT RISK FOR LOW HEALTH LITERACY

- Frequently missed appointments
- Incomplete registration forms
- Not taking medications or not taking medications as prescribed
- Unable to name medications, explain purpose or dosing
- Identifies pills by looking at them, not reading label
- Unable to give coherent, sequential history
- Ask fewer questions
- Lack of follow-through on tests or referrals



Not a yes/no?

Health Literacy Assessment Adapted (sodium) Newest Vital Sign

1. If you eat the entire container, how much sodium will you eat?
Answer: 200 mg
2. If you are allowed to eat 60 milligrams of sodium as a snack, how much ice cream could you have?
Answer: 1 serving, or 1/2 cup, or 1/4 of the container
3. Your doctor advises you to reduce the amount of sodium in your diet. You usually eat 2000 milligrams of sodium each day, which includes one serving of ice cream. If you stop eating ice cream, how much sodium would you eat each day?
Answer: 1950
4. Pretend that you are allergic to the following: Penicillin, peanuts, latex gloves and bee stings. Is it safe for you to eat this ice cream?
Answer: No
5. If the patient answered "no" to question 4, ask: Why not?
Answer: Because it contains peanut oil

SCORE = TOTAL # ANSWERED CORRECTLY

Interpretation
0 – 1: suggests high likelihood (>50%) of limited literacy
2 – 3: indicates the possibility of limited literacy
4 – 5: almost always indicates adequate literacy

Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
			%DV
Total Fat	13g		20%
Sat Fat	9g		40%
Cholesterol	28mg		12%
Sodium	50mg		2%
Total Carbohydrate	30g		12%
Dietary Fiber	2g		
Sugars	23g		
Protein	4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.



HOW CAN WE HELP OUR PATIENTS UNDERSTAND HEALTH INFORMATION?

“Universal Precautions”

- Structuring the delivery of care as if everyone may have limited health literacy
 - You cannot tell by looking
 - Higher literacy skills \neq understanding
 - Anxiety can reduce ability to manage health information
 - Everyone benefits from clear communications



STRATEGIES TO IMPROVE PATIENT UNDERSTANDING

- Focus on “need-to-know” & “need-to-do”
- Demonstrate/draw pictures
- Use clearly written education materials
- Involve patients in the selection and development
- Simulation



The vital few

自我監察心臟衰竭的症狀 Monitor My Heart Failure Symptoms

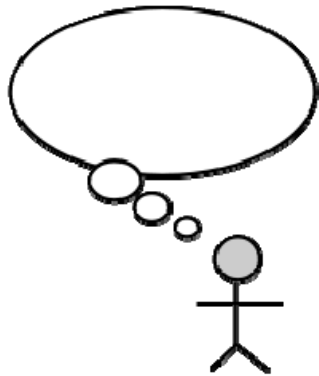
呼吸 Breathing	水腫 Swelling	體重 Weight	採取行動 Action
好 Good	Good	Good	記錄體重 RECORD WEIGHT
注意 Caution	Caution	1天增2磅或1週增3磅 Gain 2 lbs in 1 day or 3 lbs in 1 week	打電話 CALL
危險 Danger	Danger	超過3磅!! More than 3 lbs!!	請速我到東華醫院 I NEED TO GO TO CHINESE HOSPITAL

Chinese Hospital 845 Jackson Street, San Francisco, CA 94133 www.chinesehospital.org 03/09/2016

Use plain language

Jargon	Plain Language
<ul style="list-style-type: none"> Annually Arthritis Cardiovascular Dermatologist Diabetes Hypertension Lasix 	<ul style="list-style-type: none"> Yearly or every year Pain in joints Having to do with the heart Skin doctor Elevated sugar in the blood High blood pressure Water pill

How About You?



- How are you assessing health literacy?
- What have you done to improve your educational materials?



TEACH BACK

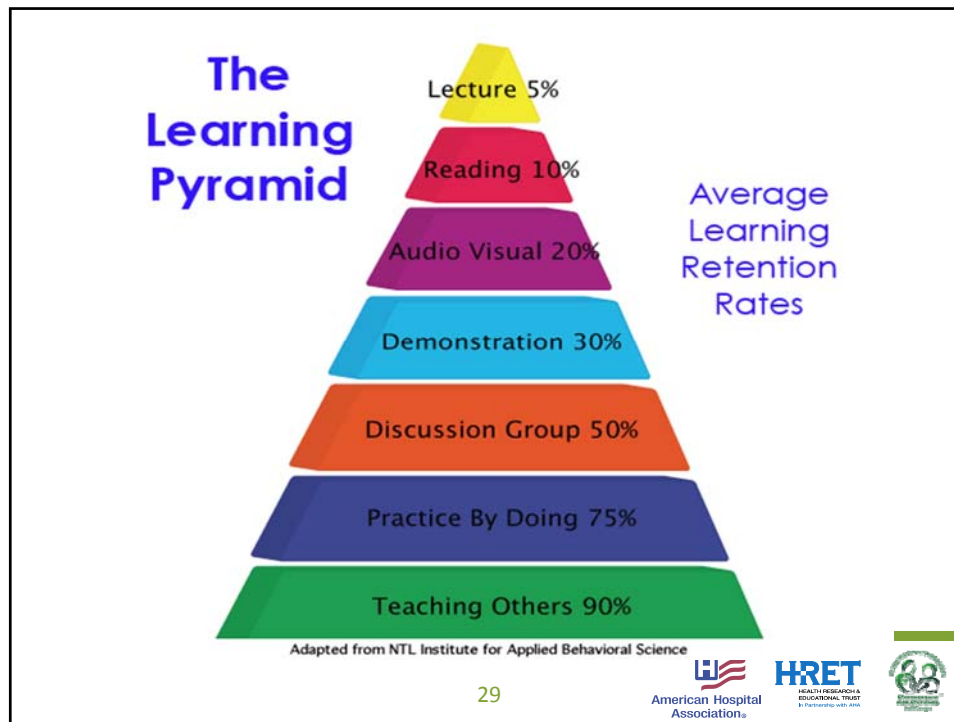
What is teach back?

Teaching teach back

Monitoring its effectiveness

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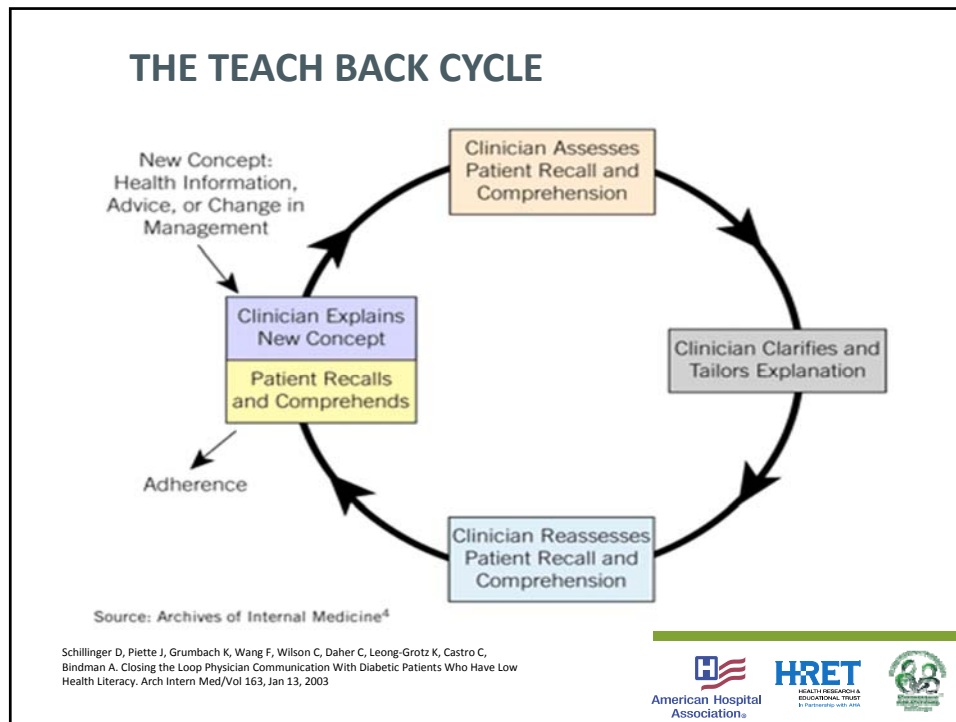




TEACH BACK

- Teach back is asking patients to repeat in their own words what they have learned
- It is not a test of the patient, but of how well YOU explained the concept
- It is a chance to check for understanding and, if necessary, re-teach the information





WHY USE TEACH-BACK?

- Improves the ability to assess understanding of teaching
- Allows feedback & corrections of misunderstandings immediately
- Increases patient's confidence in providing self-care
- Encourages active patient/family participation
- Improves the transition from hospital to home
- Improves the overall safety and quality of care

Teaching the topic vs. the patient

Topic	Patient
<p>The signs of heart failure:</p> <ul style="list-style-type: none"> • Dyspnea on exertion • Weight gain from fluid retention • Edema in your lower extremities and abdomen • Fatigue • Dry, hacky cough • Difficulty breathing when supine 	<p>I am going to talk to you about the signs of heart failure.</p> <p>The signs of heart failure are:</p> <ul style="list-style-type: none"> • Shortness of Breath • Weight gain from fluid build-up • Swelling in feet, ankles, legs or stomach • Dry, hacky cough • Feeling more tired, no energy • It's harder for you to breath when lying down



Chunk and check

- Teach in small chunks
- Check for understanding



Symptoms to look for



- Chunk
 - Increased weight
 - More short of breath than usual
 - More swelling in your legs than usual
 - More dizziness or feeling faint
 - Sleeping upright or in a chair
- Check
 - “I want to be sure I help you to understand what to look for when you go home. Can you tell what would make you call the doctor?”



Examples

Not good

- “Got it?”
- “Any questions?”
- “I want to test you so you need to tell me what I explained to you.”
- “Did you get that?”
- “We went over this before.”

Good

- “I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”
- “What will you tell your husband about the changes that were made to your blood pressure medicines today?”
- “We’ve gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?”



Skill building



- Once the theory is taught to staff they need to practice
- Provide time
- Provide scenarios
- Give feedback



VALIDATE COMPETENCY

TEACH BACK METHOD COMPETENCY CHECKLIST SUTTER HEALTH

NAME: _____			
CRITERIA CHECKLIST		DATE	Validator initials
1	Defines the concept and definition of Teach-Back.		
2	Defines "plain language" and utilizes it in teach-back sessions.		
3	Avoids using jargon and technical terms whenever possible.		
4	Asks open-ended questions and avoids close-ended questions (yes/no questions).		
5	Gives plenty of time (a pause) for patients to answer.		
6	Selects an appropriate educational topic to teach the patient.		
7	Narrows the focus of teaching to 2-4 main points that the patient must know in order to be discharged safely. "Chunk" together the information of each main point.		
8	Reviews the information to the patient and their family/caregiver.		
9	Asks the patient to explain in his/her own words what was understood; or asks a "teach-back" question related to the information that was taught to verify the patient's/caregivers understanding.		
10	Identifies any gaps in understanding and provides additional teaching until the patient is able to teach back the information that was given.		
11	Fosters a shame-free environment that places the emphasis on the teacher. Uses statements such as: <ul style="list-style-type: none"> • "Just to make sure that I have covered all the bases...." • "I just want to make sure that I have not forgotten anything...." • "I want to make sure that I have explained this clearly since I have covered so many things...." 		
12	Repeats the teaching process until he/she confirms that the key message is understood correctly. The "Check" piece of "Chunk and Check."		
13	Demonstrates the key concepts of teach-back in a role-play scenario.		

Additional Comments:

Validator's Signature: _____ Date: _____



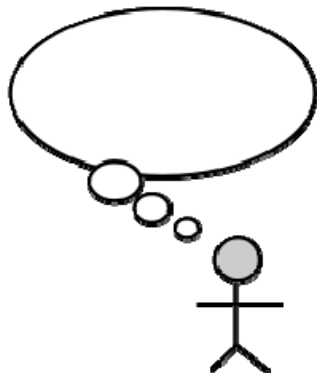
LEADERSHIP'S ROLE

"Good morning. My name is Diane and I am the nurse manager. I am responsible for the overall nursing care on the unit. I see that you have heart failure and want to make sure that we are doing a good job educating you on how to take care of yourself when you leave the hospital. I also want to make sure that you are able to stay out of the hospital so it is important that you understand your discharge instructions.

In your own words, can you tell me how you will monitor your weight and when you should be concerned enough to call your doctor?"



How About You?



- How are you teaching teach back to your staff?
- How are you validating staff competency?
- How are you hardwiring teach back?



We can do better



Non-Compliance

“If they don’t do what we want, we haven’t given them the right information.”

– Vice Admiral Richard Carmona, Former Surgeon General



Related Resources

AHA/HRET HEN Resources

AHA/HRET HEN Website and LISTSERVs

www.hret-hen.org

AHA/HRET HEN Preventable Readmissions Change Package

www.hret-hen.org/topics/readmissions/HRETHEN_ChangePackage_Readmissions.pdf

(See pages 3-4, 7-8 and 15-16 for teach-back information.)

HEN 2.0 Readmissions Webinar, October 29, 2015


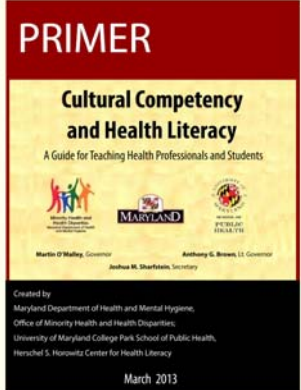
Recording and presentation slides

www.hret-hen.org/topics/readmissions/20151029-readmissionswebinar.shtml

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Related Resources	
<h2>Teach-Back Toolkits</h2> <p>IHC Teach-Back Basics and Educational Materials www.ihconline.org/aspx/general/page.aspx?pid=107</p> <p>Picker Institute www.teachbacktraining.org/</p> <p>AHRQ Teach-Back Method www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html</p> <p>SHM Project BOOST® Implementation Toolkit www.hospitalmedicine.org/Web/Quality_Innovation/Implementation_Toolkits/Project_BOOST/Web/Quality_Innovation/Implementation_Toolkit/Boost/BOOST_Intervention/Tools/Teach_Back.aspx</p> <p>Project RED Discharge Toolkit www.ahrq.gov/sites/default/files/publications/files/redtoolkit.pdf</p>	<p>Educational Recordings</p> <ul style="list-style-type: none"> 5-minute Teach-Back Video http://nchealthliteracy.org/teachingaids.html AMA: Help Patients Understand https://www.youtube.com/watch?v=cGtTZ_vxjvA

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Related Resources	
<p> Centers for Disease Control and Prevention</p> <h2>Need Tools on Cultural Competency and Health Literacy?</h2> <p>A great starting point is the <i>Primer: Cultural Competency and Health Literacy</i> guide. It provides teaching tools to improve cross-cultural communications skills, deliver culturally and linguistically appropriate healthcare services to diverse populations, and develop programs and policies to improve health outcomes and reduce health disparities.</p> <p>Culture and Health Literacy training modules are available at the CDC Health Literacy Website at www.cdc.gov/healthliteracy/non-cdc-training.html</p>	 <p>http://dhmh.maryland.gov/mhhd/CCHLP/Documents/Cover.pdf</p>

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Related Resources

SHM Project: Project BOOST

Society of Hospital Medicine (SHM) will offer a free informational webinar about a Project BOOST® quality initiative to reduce readmissions and improve patient care.

Thursday, April 14
1:00 p.m. CDT

SHM Offers:

- One year of mentoring with a QI expert
- Comprehensive Implementation Toolkits
- Literature reviews
- National discussion for networking and sharing tools and resources between hospitals
- Educational webinars
- Online collaborative resources
- And more

Register for webinar here:
https://attendee.gotowebinar.com/register/8945687448664681218?utm_source=Pulse

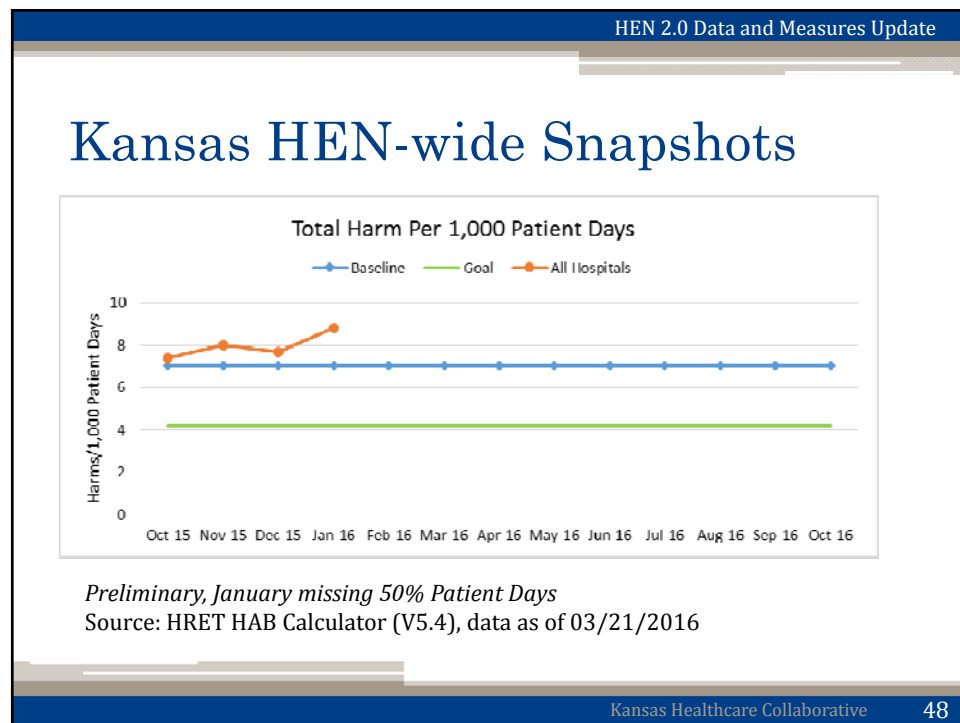
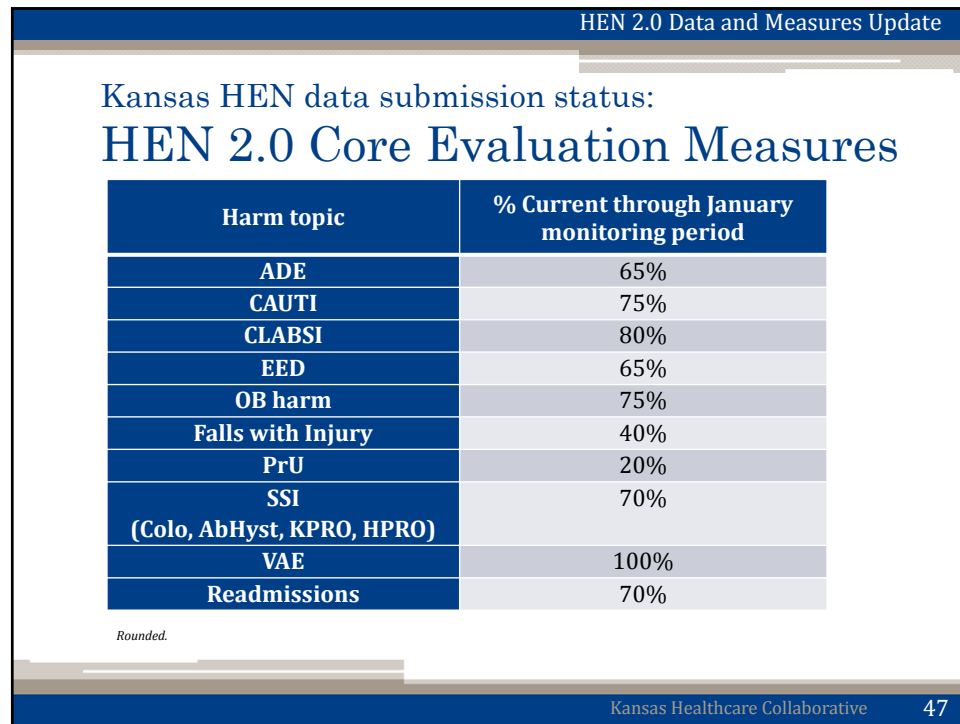
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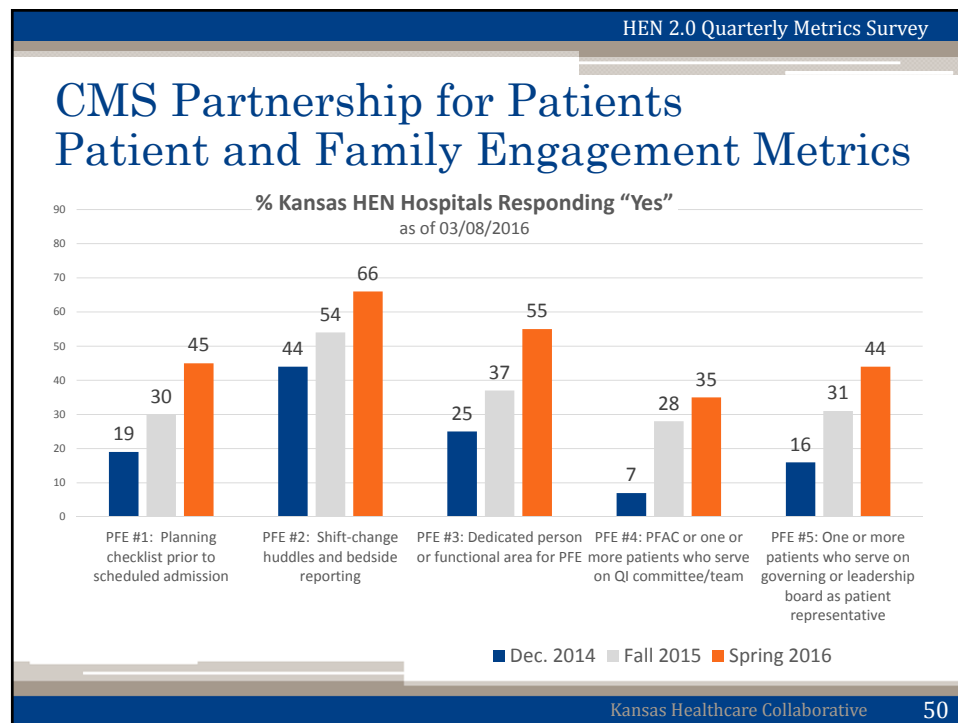
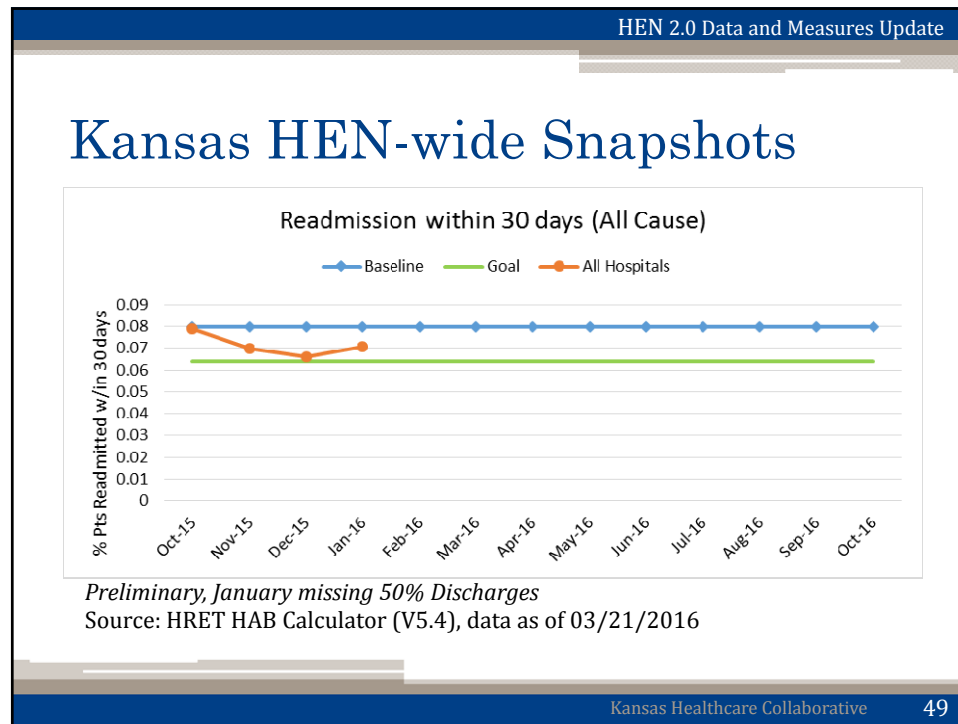
Measures & Data Update

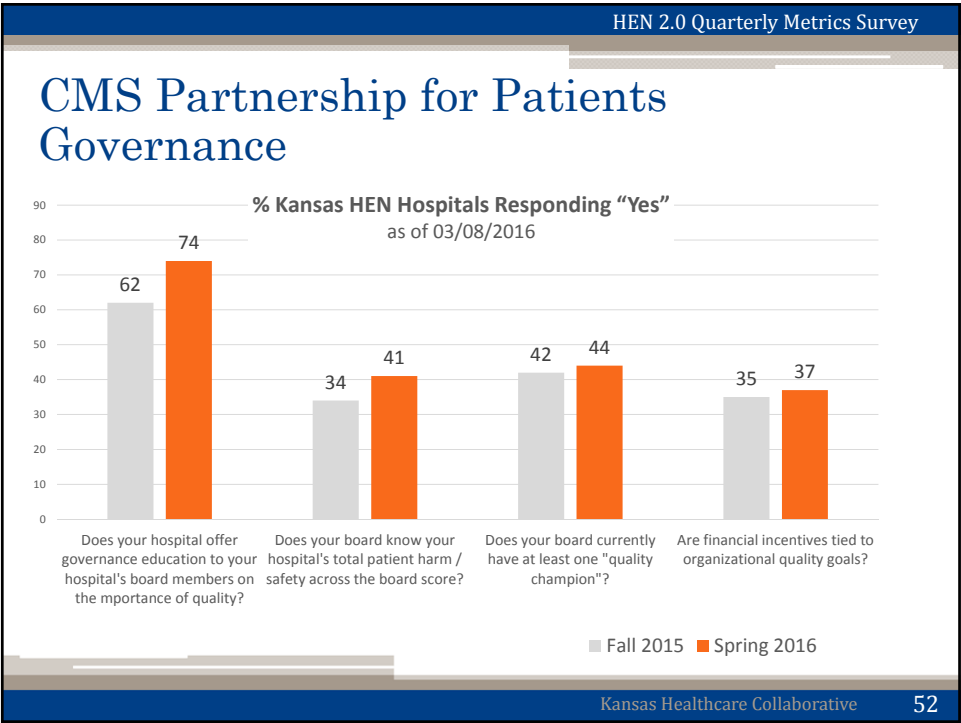
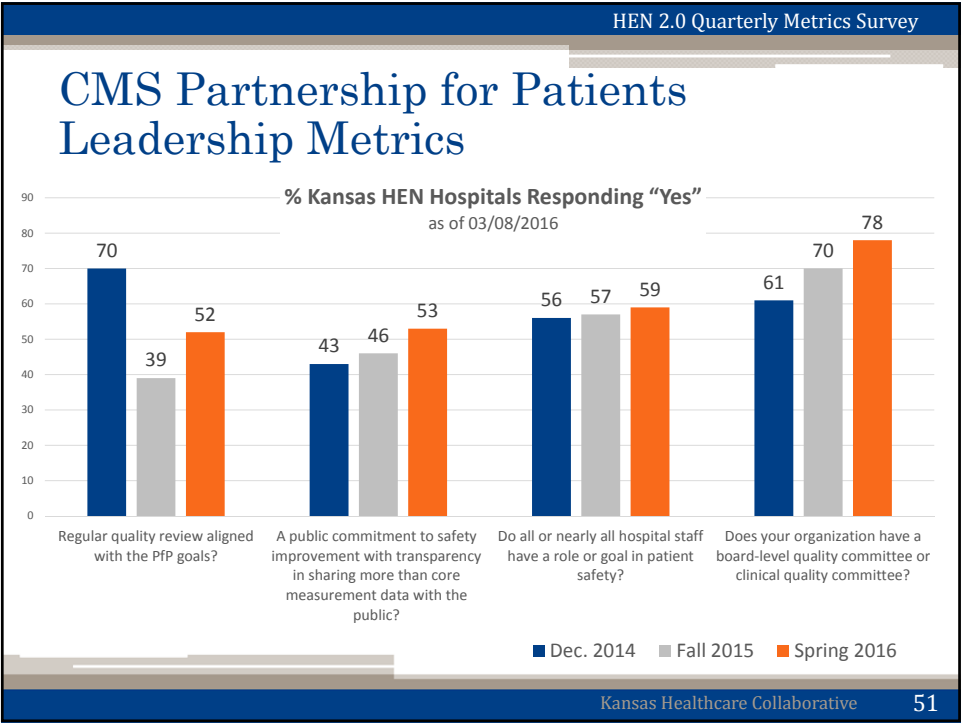


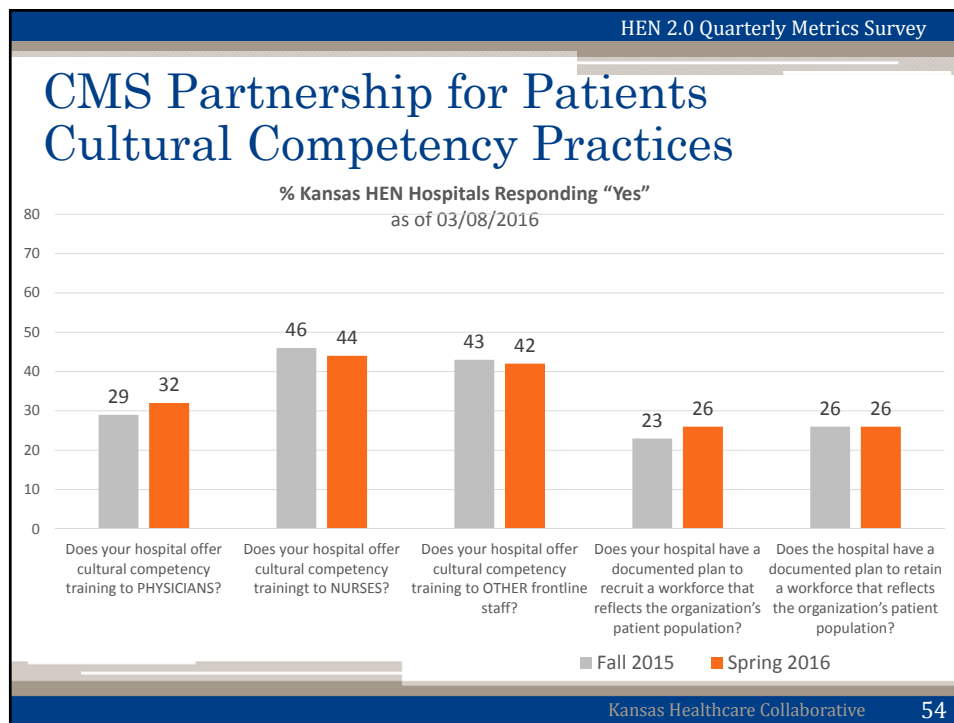
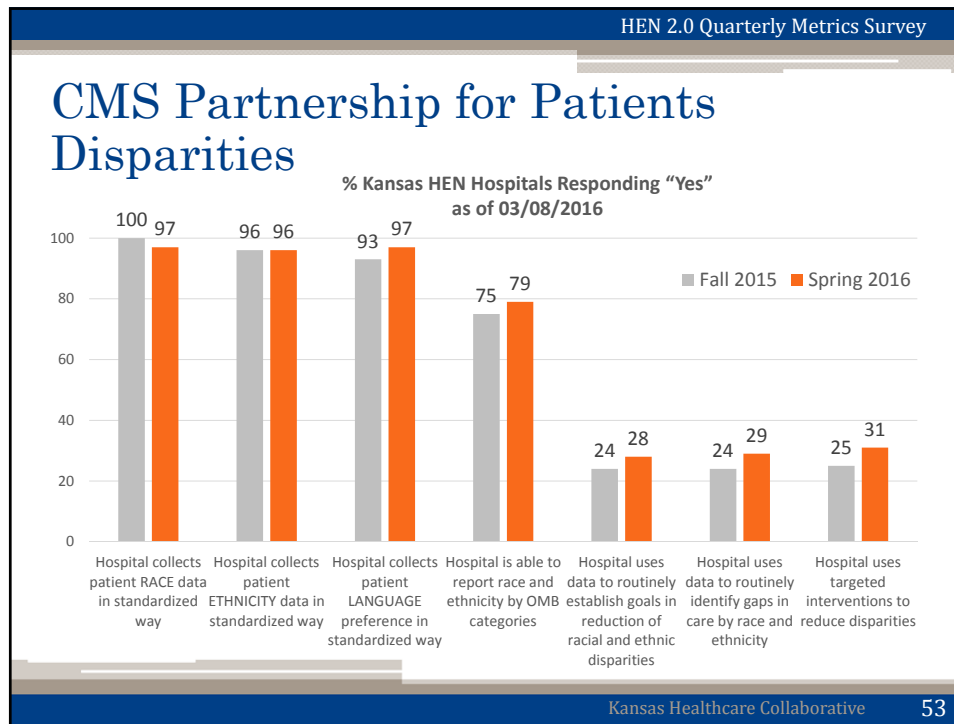
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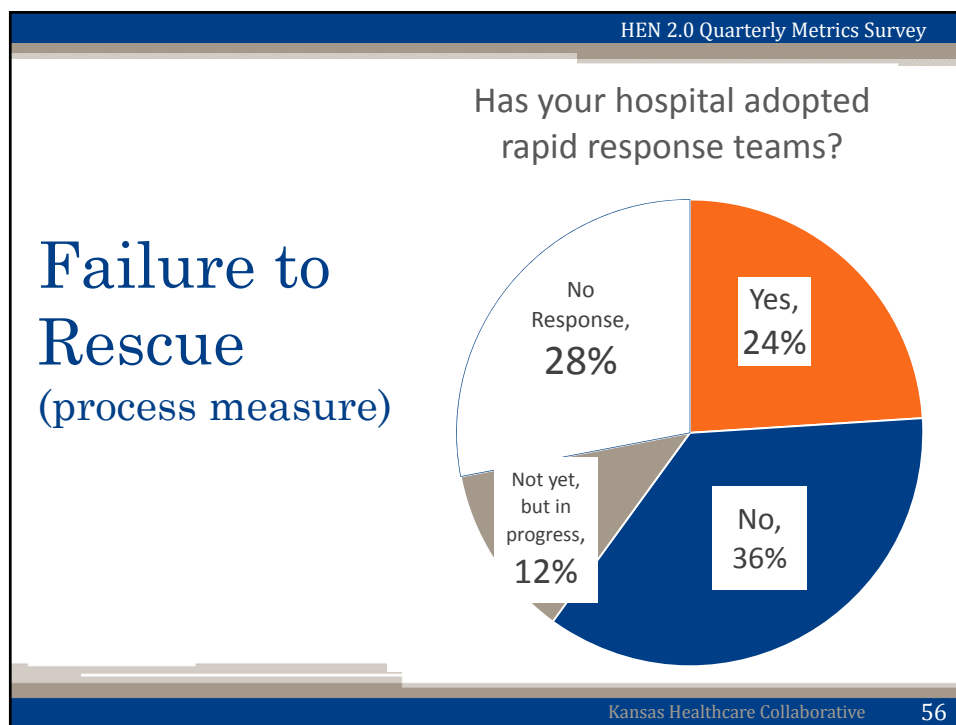
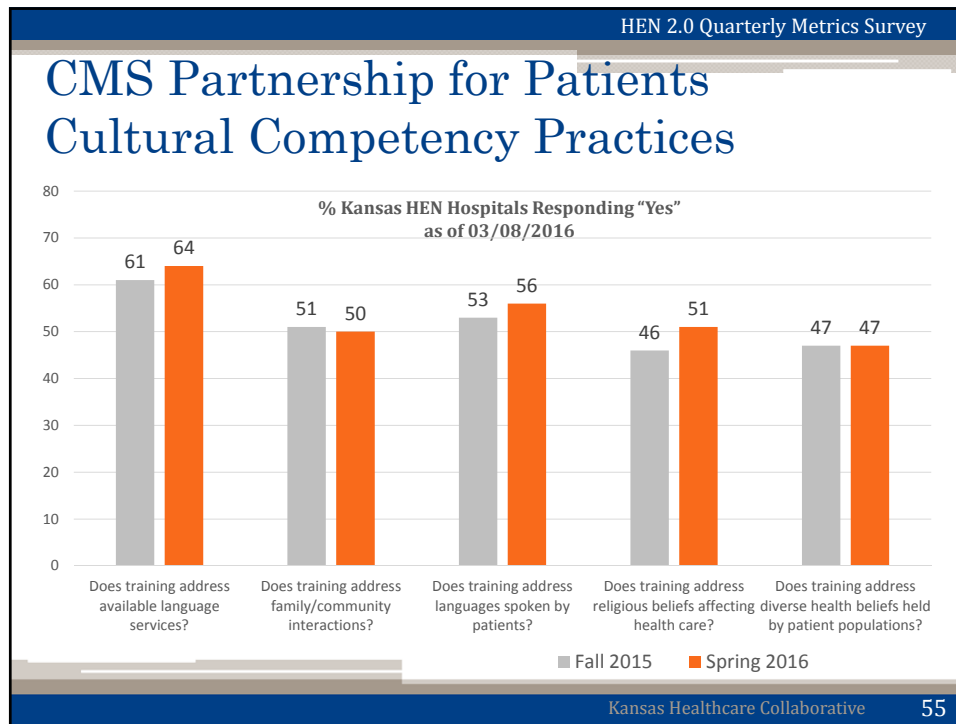
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HEN 2.0 Quarterly Metrics Survey

Culture of Safety/Worker Safety (process measure)

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9 Kansas hospitals have performed a gap analysis to identify barriers to safe handling of patients.

KHC's goal is to have every Kansas HEN hospital complete this by May 31st.

The gap analysis tool can be downloaded from the Minnesota Hospital Association:
<https://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/SPM-road-map-gap-analysis-tool-aug2012.docx>.

Additional references:
 Minnesota Hospital Association Road Map to a Comprehensive Safe Patient Handling Program
<http://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/safe-lift-roadmap.pdf>

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HEN 2.0 Data and Measures Update

Kansas HEN 2015-2016 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
October, 2015	September, 2015	November 30, 2015
November, 2015	October, 2015	December 31, 2015
December, 2015	November, 2015	January 31, 2016
January, 2016	December, 2015	February 29, 2016
February, 2016	January, 2016	March 31, 2016
March, 2016	February, 2016	April 30, 2016
April, 2016	March, 2016	May 31, 2016
May, 2016	April, 2016	June 30, 2016
June, 2016	May, 2016	July 31, 2016
July, 2016	June, 2016	August 31, 2016
August, 2016	July, 2016	September 30, 2016

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HEN 2.0 Data and Measures Update

HRET HEN 2.0 Milestones

- ☒ **Milestone 1:** (Nov 2, 2015)
 - Hospital Commitments
- ☒ **Milestone 2:** (Feb 8, 2016)
 - Hospital site visits
 - Baseline data
- ☐ **Milestone 3:** (Mar 31, 2016)
 - Monitoring data for all topics for the period of Oct 1, 2015 through Feb 29, 2016
- ☐ **Milestone 4:** (Aug 31, 2016)
 - Monitoring data, and hospitals reaching HEN 2.0 goals for at least 5 topics.

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HEN 2.0 Data and Measures Update

Coming in April:

- Updated monitoring reports reflecting current data submission.
 - 3/24 – to primary/secondary HEN contacts
- HEN 2.0 data analytic reports released
 - 4/18 – Preliminary draft to primary/secondary HEN contacts for review
 - 4/25 – Final report distributed to CEO, CNO and primary/secondary HEN contacts
- Harm Across the Board Improvement Calculator
 - Updated HAB calculator pre-populated with hospital data
- Leadership dashboard report
 - In development

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FAQs

- On the Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means - HEN 2.0 measure the instructions indicate All eligible patients, Does this include Respite and Swingbed?
- Consistent with guidance on other measures, the hospital should decide which populations to include or exclude, and be consistent for reporting throughout the project. In the spirit of QI, HRET recommends hospitals focus on implementation with all populations

Resources & Upcoming Events



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AHA/HRET Action Leader Fellowship

HRET HEN 2.0 Action Leader Fellowship

Faculty: Institute for Healthcare Improvement

April 13 ● May 11 ● June 15

September: Showcase and sharing of improvement projects

Two tracks:

Foundational

11:00 a.m. to 12:00 pm

Experienced

12:30 to 1:30 p.m.

Register at www.hret-hen.org/events/

Next Q.I. Office Hours:
March 23, 11 am to 12 pm



More information and educational archive:
www.hret-hen.org/engage/fellowship.shtml

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AHA/HRET HEN LISTSERVs

HRET HEN LISTSERV®

Topics	Kansas Participants
Adverse Drug Event (ADE)	54
Data Informatics	12
Infections – CAUTI, CDI, CLABSI, SSI, & VAE	12
Early Elective Deliveries & Obstetrical Adverse Events	30
Patient & Family Engagement/Health Care Disparities	61
Pressure Ulcers and Falls	51
Readmissions	42
Rural/Critical Access Hospitals	59
Sepsis	12

Subscribe at
www.hret-hen.org/inc/dhtml/listserv.dhtml

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Kansas HEN LISTSERV

Kansas HEN Sepsis Champion LISTSERV®

**To subscribe, send request to
amiller@khconline.org**

KHC has launched a new email LISTSERV for all Kansas Sepsis Champions. The primary goal of this LISTSERV is to provide participants an engaging community to seek and share information, practical strategies, resources and project updates in support of your continued growth in Sepsis prevention.

This statewide LISTSERV is co-moderated by hospital improvement leaders at Wesley Healthcare: Suzanne Fletcher, RN, CMSRN, market sepsis coordinator, and Brett Hartkopp, RN, BSN, market director, quality, infection prevention & safety.

More than 100 Kansas hospital participants!

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Kansas Patient and Family Advisory Council (PFAC) Collaborative

Topeka Workshops for Kansas PFAC Collaborative Participants

Being Heard: A Story-Telling Workshop

Wednesday, April 27

Train-the-Trainer Workshop

Orientation of and advance utilization
of patient/family advisors

Thursday, April 28

Our Instructors

<p>Tiffany Christensen Patient Advocate/ Patient and Family Engagement Specialist North Carolina Quality Center</p>	<p>Allison Chrestensen MPH, OTR/L Project Coordinator Duke University Health System</p>
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Tiffany and Allison are currently working with the Kansas Healthcare Collaborative to serve as faculty leaders for our Kansas PFAC Collaborative to help hospitals across our state develop effective patient and family advisory councils or to strengthen existing ones.

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Educational Opportunities

Featured National Webinars

*CMS NCD Pacing Event: Addressing Behaviors that Undermine a **Culture of Safety***
Thursday, March 24 ● 2:00 to 3:00 p.m. CT
 Pre-register at: <https://secure.confertel.net/tsRegister.asp?course=6860822>

*HRET HEN: **Pressure Ulcers***
Thursday, April 7 ● 11:00 to 12:30 p.m. CT
 Pre-register at: <https://hret.adobeconnect.com/sepsis20160411/event/registration.html>

*HRET HEN: **Sepsis***
Monday, April 11 ● 11:00 to 12:30 p.m. CT
 Pre-register at: <https://hret.adobeconnect.com/sepsis20160411/event/registration.html>

*HRET HEN: **Adverse Drug Events***
Tuesday, April 19 ● 11:00 to 12:30 p.m. CT
 Pre-register at: <https://hret.adobeconnect.com/adversedrugs/events/event/registration.html>

*HRET HEN: **Early Elective Delivery***
Thursday, April 21 ● 11:00 to 12:30 p.m. CT
 Pre-reg: <https://hret.adobeconnect.com/earlyelectivedelivery20160421/event/registration.html>

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Kansas Hospital Engagement Network

Thanks for all your hard work!



Next Kansas HEN Webinar:
 Wednesday, April 27, 2016
 10:00 to 11:00 a.m. CDT

Link to pre-register: <https://cc.readytalk.com/r/8cfsisrc28hj&eom>

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