

**K-HEN TO K-HIN**



*THE RACE CONTINUES*

Kentucky Hospital **Improvement Innovation** Network

# Kentucky Hospital Improvement Innovation Network Get with the Measures!

**Dolores Hagan, RN BSN, CPHQ,**  
Quality Improvement Analyst

**Melanie Moch**

Director, Data Collection and Training



Kentucky  
Hospital  
Association



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1. Adverse Drug Events (ADE)
2. Catheter Associated Urinary Tract Infection (CAUTI)
3. Central Line Associated Blood Stream Infection (CLABSI)
4. Clostridium difficile (c-diff)
5. Falls
6. Pressure Ulcer (HAPU)
7. Readmissions
8. Sepsis
9. Surgical Site Infection (SSI)
10. Venous Thromboembolism (VTE)
11. Ventilator-Associated Events (VAE)

### *Additional Required Topics*

1. Methicillin-resistant Staphylococcus aureus (MRSA)
2. Culture of Safety – Worker Safety





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- ADE – three measures
  - Excessive Anticoagulation
  - Hypoglycemia in Inpatients Receiving Insulin
  - Adverse Drug Events due to Opioids
- CAUTI and CLABSI –six measures each as applicable
  - SIR – ICU Only and All Tracked Units
  - Rate – ICU Only and All Tracked Units
  - Utilization Ratio – ICU Only and All tracked Units





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- c. Diff – two measures as applicable
  - SIR and Rate – Facility Wide
- Falls – With Injury (minor or greater)
- HAPU – two measures as applicable
  - Prevalence – Hospital acquired stage 2 or greater
  - Rate – Hospital acquired stage 3 or greater (AHRQ measure)
- Readmissions – two measures
  - All Cause 30-day readmissions
  - All Cause 30-day readmissions – Medicare FFS





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- Sepsis – three measures
  - Postoperative Sepsis (AHRQ)
  - Hospital-Onset Sepsis Mortality Rate
  - Overall Sepsis Mortality Rate
- SSI – four procedures as applicable
  - SIR and Rate
    - Colon surgeries
    - Abdominal hysterectomies
    - Total Hip Replacement
    - Total Knee Replacement





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- VTE – one measure as applicable
  - Post-operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ measure)
- VAE – two measures as applicable
  - Ventilator Associated Condition (VAC) rate
  - Infection-Related Ventilator-Associated Complication (IVAC) rate



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- MRSA – two measures as applicable
  - SIR – MRSA Bacteremia
  - Hospital-onset MRSA bacteremia events
- Culture of Safety – Worker Safety – two measures
  - Worker harm events related to patient handling
  - Worker harm events related to workplace violence





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Core Topic	Site	NHSN	AHRQ
ADE	✓		
CAUTI		✓	
CLABSI		✓	
C. diff		✓	
Falls	✓		
Pressure Ulcer	✓ (Prevalence)		✓ (Rate)
Readmissions	✓		
Sepsis			✓
SSI		✓	
VTE			✓
VAE		✓	





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Additional Topics	Site	NHSN	AHRQ
MRSA		✓	
Culture of Safety – Worker Safety*	✓		

\*Worker Safety measures are already collected on the OSHA Log





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- NHSN
  - Group remains the same – “KHA Quality Group”
  - Group rights will be amended to add MRSA
  - If rights previously conferred to KHA Quality Group, will only need to re-accept the rights of the group
  - Instructions to confer rights are available
- Data Sharing Agreement
  - If signed agreement for K-HEN 2.0, no need to resign
  - New hospitals will receive an agreement for signature



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### Preferred Baseline Periods

- Calendar year 2014 except:
  - SIRs – Calendar year 2015 – to be collected *after* the NHSN rebaseline is completed in Dec 2016
  - CAUTI & CLABSI – Calendar year 2015

### Alternate Baseline Periods

- Oldest 12, 9, 6, or 3 month consecutive period prior to Oct 2016



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- Baseline data
  - will be pulled from existing data as much as possible
  - MUST be entered into our Kentucky Quality Counts (KQC) system by KHA staff (Dolores or Melanie)
  - KHA will provide an individualized spread sheet to each hospital that need to provide baseline data not available from other sources
- If any measure has not been collected *prior to Oct 2016*
  - Begin reporting monthly data for Oct 2016
  - 4Q 2016 will be used as your baseline



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- **MONTHLY**

- Beginning Oct 2016
- Site collected data will be entered into the KQC system by the hospital
- Site collected measures specific to your hospital will show up on your KQC data entry page



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- New initiative added in KQC
  - Kentucky Hospital Improvement Innovation Network
- Select appropriate initiative when viewing reports
  - Improvement Dashboard
  - Measure run charts







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- Initial completion (one time only)
  - Demographic information about your hospital
  - Peer Group preferences
  - Hospital Information System
  - Topic specific current improvement work and data collection within your hospital (as applicable)



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- Initially and Quarterly
  - Scheduled admissions
  - Shift huddles
  - Patient & Family Engagement
  - Governance
  - Disparities
  - Patient Safety Culture assessment





Questions  
are  
guaranteed in  
life;  
Answers  
aren't.

